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ABSTRACT

Human sexuality programs or sex education programs have been a controversial issue for many years. This study assessed the effectiveness of human sexuality programs within Catholic secondary schools. This study investigated the effects of comprehensive or non-comprehensive sexuality programs upon students positive sexual attitudes, awareness of Catholic church teachings, integration of Catholic church values, integration of current social values, and biological knowledge. Comprehensive human sexuality programs were defined as those containing three or more full semesters of classes related to sex and sexuality. Non-comprehensive human sexuality programs were defined as those containing less than two full semesters of such courses. Twelfth grade students (N=1,555) in Catholic high schools served as subjects. Analysis showed that only in the areas of positive sexual attitudes and biological knowledge were comprehensive human sexuality programs significantly different from non-comprehensive sexuality programs. Comprehensive programs within various Catholic secondary schools showed no consistency in curriculum development. Female scores were higher in Catholic church teachings and Catholic church values than males while males scored higher in social values. Students with very little or no perception of religious influence upon behavior scored higher in social values. (ABL)

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HUMAN SEXUALITY PROGRAMS IN CATHOLIC SECONDARY SCHOOLS IN THE 80'S

by

Maria Teresa Klein

A dissertation submitted in partial fulfillment

of the requirement for the degree of

Doctor of Education

University of San Diego

June 1990

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ABSTRACT

HUMAN SEXUALITY PROGRAMS IN CATHOLIC SECONDARY SCHOOLS IN THE 80'S

Maria Theresa Klein, Ed.D., University of San Diego, 1990. 180pp.
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Human sexuality programs, or sex education programs, have been a controversial issue for many years. The purpose of this study was to assess the effectiveness of human sexuality programs within Catholic secondary schools. This study investigated the effect of comprehensive or non-comprehensive sexuality programs upon students' Positive Sexual Attitudes, awareness of Catholic Church Teachings, integration of Catholic Church Values, integration of current Social Values, and Biological Knowledge.

Comprehensive human sexuality programs were defined as those containing three or more full semesters of classes related to sex and sexuality. Non-comprehensive human sexuality programs were defined as those containing less than two full semesters of such courses. The research study took place in four Roman Catholic dioceses in the State of California. Twelfth grade female and male students participated in the study and the sample population was established at 1,555.

Several survey instruments were developed to test six hypotheses. A quantitative methodology was used in

order to present the survey instrument data in a clear and concise manner. The demographic profile supplied independent variables, such as sex and religious influence upon behavior, for additional data analysis.

Analytical results showed that only in the areas of Positive Sexual Attitudes and Biological Knowledge were comprehensive human sexuality programs significantly different from non-comprehensive sexuality programs. Higher scores for females over males were seen in five of the hypotheses. In the hypothesis concerning Social Values, males scored higher. Significant differences were noted in religious influence upon behavior in Catholic Church Teachings, Catholic Church Values, and current Social Values.

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MARIA TERESA KLEIN

DEDICATION

To my loving husband, children, grandchildren, and members of my supportive family and friends. This is the fruit of "our" labors.

ACKNOWLEDGEMENTS

My God has truly blessed me with many individuals who have encouraged, influenced, supported and affirmed me in my journey through the doctoral process. There have been so many individuals who have given freely of their time, energy, and talents in assisting me to complete this program that naming them all would not be possible. Please know that you all are loved for your expressions of support and kindness both large and small.

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To my support group, Jackie, Ellen, Mary, and Betty, who saw in me talents and abilities I could not, nor would not, recognize in myself, I extend a real thank you for your nourishment and affirmation, and for just being there.

My sincere thanks goes to the students and instructors who helped me to feel a capable part of the doctoral program and assisted me in identifying and enhancing my leadership skills.

To my dear friends, thank you for your love and patience when I, myself, was neither loving nor patient: Leo for helping me keep the pieces of my life together, and Father Joe for the bricks of prayer that fortified me.

And most especially, my gratitude goes to my supportive, loving, and considerate husband, Dick, and to my family, who were the loving glue that kept Maria, Moma, and 'Ma Mere' a whole person and who not lose sight of the fact that I am a lovable and capable person.

God has granted me the special gifts of all these family, friends, and students who have shared and touched my life, and have challenged me to change and grow. My God has indeed truly blessed me.

You are the light of the world. A city on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before all, that they may see your good deeds and praise your Father in heaven.

--Matthew 5:14-16--

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CHAPTER ONE

INTRODUCTION

Human sexuality programs or sex education programs are now beginning to flourish within public and non-public junior and senior high schools. These controversial programs have been in existence for a number of years, but it is only recently that individuals are seriously asking questions about their effectiveness. Hass' (1979) survey and the Norman and Harris (1981) survey on teenage sexual activity have raised questions pertaining to the issues that should be addressed in the programs. The survey conducted by Yankelovich, Clancy, and Shulman for Time Magazine's (Leo, 1986) article also raised questions about content of the sex-education courses and what future courses should encompass. John Gasiorowski's (1988) book, Adolescent Sexuality and Sex Education, contributed additional support in questioning what issues need to be addressed in human sexuality programs.

Sexual activities among teenagers are on the rise, and adolescents are becoming sexually active at an increasingly earlier age (Sherman, 1986; Stark, 1986; Wallis, 1986). Reports of the rise of sexual activity among a younger population, ages 12 to 14 years old, have increased the public's concern (Leo, 1986). The incidence of

adolescent pregnancies has continued to climb along with the alarming increase in sexually transmitted diseases (Sherman, 1986; Stark, 1986; Wallis, 1985). Thus, what have sex education programs accomplished, and what is missing in programs such that statistics continually climb upward instead of stabilizing or declining? Data have shown that the United States has the highest adolescent pregnancy rate in the Western world (Maciak, Spitz, Strauss, Morris, Warren & Marks, 1987; Sherman, 1986). Could it be that young people need more from sex education programs but do not know what that is or how to ask for it?

Current reports by family planning centers state that teenagers, on the average, are no more informed now than they were ten years ago. Teenagers are still "unaware and unprepared" according to Sherman's (1986) article in Ladies Home Journal. Directors of family planning centers have stated that most of the young persons who come to the clinics for contraceptive materials have been sexually active for at least six months to one year before considering the use of contraceptives (Sherman, 1986; Stark, 1986; Wallis, 1985).

Varied parental opinions regarding sex education appear to fall into four general categories. First are those who believe that dispensing birth control materials and information about how to use them would decrease unwanted pregnancies and increase an adolescent's sexual

knowledge. Second, there are individuals who believe that educating adolescents about responsible sex would solve the problem. Adolescents would thus be aware of how to protect themselves from pregnancy and sexually transmitted diseases. The third group believes that comprehensive sexuality programs incorporating knowledge about values, morals, attitudes, and self-esteem, as well as the biological facts of sexuality, would constitute a more holistic approach and would, therefore, offer an adolescent the emotional and psychological skills required to make reliable decisions concerning sexual behavior and activity. Finally, a fourth group believes that there should be no sex education programs within the school systems. This group feels that sex education programs merely exacerbate the problem of adolescent sexual activity. The programs are envisioned as fostering curiosity to experiment with sexual activity, undesirable moral behavior, or promiscuous sexual behavior (Gasiorowski, 1988). This researcher is aware that other opinions exist regarding sex education programs within our society today and acknowledges their presence.

With this diversity of opinions expressed by parents, how do schools deal with these attitudes concerning human sexuality programs? In 1982, 12 California school districts were analyzed for the effectiveness of their Family Life Education programs by L. Copper. Programs of both the junior and the senior high schools involved were

rated by the parents as "good to excellent" in content. Less than 2% of the junior and senior high parents withdrew their children from participation (Cooper, 1982).

Even with results that have shown such positive response to human sexuality programs, some school districts as of the late 1980's have cut back or limited sexuality programs in their schools. Dr. Sol Gordon (1989), addressing the Annual Western Region Meeting of the Society for the Scientific Study of Sex, spoke about the suspicions and tensions that are created by a few parents who are against any form of sex education within the schools. These parents have stimulated fear and anxiety within the community and local schools to the extent of motivating withdrawal of administrative support. Thus, implementation of human sexuality programs within their districts has not taken place. Schools trying to deal with the diversity of parental opinions have begun to show a trend toward more conservative sexuality programs, and in some areas a decrease in sex education programs has been noted.

This same conservative attitude has been experienced by this researcher in trying to obtain Catholic high schools to participate in the data collection. Some administrative officials would not allow the distribution of the Biological Knowledge instrument of this researcher's survey because it was considered too sexually explicit for Catholic high school seniors.

Recent polls among adults and parents concerning sex education indicate that a majority of the respondents believed that parents should be the primary providers of sex-related information for their children. Yet, they also believed that sex education should continue in elementary and secondary schools. Of those adults supporting sex education within the schools, 79% of them desired that some sort of values and morals be taught simultaneously (Leo, 1986). This raises the serious question about whose morals and whose values should be taught to the students. This issue leads to another question: What effect could the teaching of morals and values have in the sexual choices teenagers make? Perhaps a non-public, Catholic secondary school setting would contribute information concerning the effectiveness of sex education or human sexuality programs upon teenagers' decision-making processes.

Guidelines

The Catholic Church has specific guidelines regarding morals and values to be taught within Catholic schools. The National Catechetical Directory for Catholics of the United States (1979) directed that all dimensions of sexuality be taught: the physical, moral, spiritual, emotional, and psychological aspects of the total person. In essence, human sexuality programs were to embody the characteristics of the total person and were to set forth guidelines for making moral decisions encompassing the well

being of each person. Catholic schools and educators thus had this opportunity to spell out a framework on morals and values spanning sexuality programs within their own curricula. Even though encouraged and supported by the National Catechetical Directory for Catholics (1979) and the North American Bishops (1981), implementation of such guidelines has been wanting. Awareness of the dimensions that human sexuality programs could teach was unclear to most Catholic high schools throughout the 1980's. According to the Second Vatican Council, "As they [children and young people] advance in years, they should be given positive and prudent sexual education" (Declaration on Christian Education, 1966, p. 639). In 1979, the National Catechetical Directory clarified what education in sexuality was to include:

> Education in sexuality includes all dimensions of the topic: moral, spiritual, psychological, emotional, and physical. Its goal is training in chastity in accord with the teaching of Christ and the Church, to be lived in a wholesome manner in marriage, the single state, the priesthood, and religious life. Sexuality is an important element of the human personality, an integral part of one's overall consciousness. It is both a central aspect of one's self-understanding (i.e., as male or female) and a crucial factor in one's relationships with others (National Catechetical Directory, 1979, p. 114).

Each diocese appears to have written its own guidelines or is now in the process of writing and rewriting. For some dioceses it has been necessary to write

rather detailed and specific guidelines to be followed by their schools. Parental pressures have at times influenced this process and thereby detained diocesan Catholic high schools from developing human sexuality programs. Concerns of parents and community, however, have not always been without valid reasons. Consequently, provision for critical issues should have been made from the very inception of writing the guidelines. The dearth of knowledge about the parameters of human sexuality programs in Catholic high schools contributed greatly to the fears of parents and diocesan officials.

The researcher's perception of whether these guidelines, according to the National Catechetical Directory (1979), have been followed is based upon the number of schools that participated in the data collection. There remained the question as to whether the programs, comprehensive, defined as containing three or more full semesters of classes, or non-comprehensive, defined as programs containing less than two full semesters of classes are indeed sexuality programs. The individual Catholic high schools submitted information on what courses they considered to be a component of their human sexuality program. Of the 13 schools that participated, five were defined as comprehensive human sexuality programs, and eight were defined as non-comprehensive human sexuality programs.

The study of Catholic secondary schools may reveal answers to some of the questions about the efficacy of human sexuality programs in conveying attitudes and values that could alter adolescent responses on sexual issues. The current anxiety voiced by society about adolescent sexual activity, pregnancy, and sexually transmitted diseases dictates that research on the efficacy of human sexuality programs is now of the essence. This investigator has found no published material on human sexuality programs in Catholic secondary schools. Hopefully, current research will initiate further serious study in a heretofore unexplored area of social concern.

Statement of Purpose

The purpose of this investigation was to determine the effects of human sexuality programs within Catholic secondary schools on the students' knowledge, attitudes, and values regarding sex and sexuality. The research study also investigated the effect of sexuality programs on the students' knowledge and integration of Catholic values.

The following specific questions will be addressed:

1. Are human sexuality programs in Catholic secondary schools comprehensive?
2. Is the outlook of students who attend a comprehensive human sexuality program in Catholic secondary schools different from that of students who have not attended a comprehensive

human sexuality program with regard to values and attitudes about sexual issues and in overall knowledge about sexual facts?

3. Do the sex and/or sexuality programs contribute positively to students' sexual attitudes?
4. Do the comprehensive sexuality programs produce knowledge and awareness of Catholic values and teachings?
5. Is the sex, male or female, of the student within Catholic secondary school sexuality programs have a contributing factor upon the awareness and integration of Catholic teachings and Catholic values?
6. Is the student's perception of religious influence on his/her behavior have a contributing factor upon awareness and integration of Catholic Church Teachings and Catholic Church Values?
7. Is there a relationship in this study between the independent variables; vit., comprehensive vs. non-comprehensive programs?

Statement of Hypotheses

Hypotheses to be tested in this study are:

Hypothesis I

Catholic secondary school students participating in comprehensive human sexuality programs will show no difference in positive sexual attitudes toward their own

sexuality compared with students in non-comprehensive human sexuality programs.

Hypothesis IIA

Catholic secondary school students participating in comprehensive human sexuality programs will show no difference in knowledge of Catholic Church Teachings compared with students in non-comprehensive human sexuality programs.

Hypothesis IIB

There is no difference by sex in knowledge of Catholic Church Teachings.

Hypothesis IIC

There is no difference by perception of religious influence on students' behavior in knowledge of Catholic Church Teaching.

Hypothesis IIIA

Catholic secondary school students participating in comprehensive human sexuality programs will express no difference in support and integration of values of the Catholic Church compared with students in non-comprehensive human sexuality programs.

Hypothesis IIIB

There is no difference by sex in support and integration of values of the Catholic Church.

Hypothesis IIIC

There is no difference by perception of religious influence upon student behavior in support and integration of values of the Catholic Church.

Hypothesis IVA

Catholic secondary school students participating in comprehensive human sexuality programs will show the same degree of integration of social values in solving problems as students in non-comprehensive human sexuality programs.

Hypothesis IVB

There is no difference by sex in the degree of integration of social values in solving problems.

Hypothesis IVC

There is no difference by perception of religious influence upon student behavior in the degree of integration of social values in solving problems.

Hypothesis V

Catholic secondary school students participating in comprehensive human sexuality programs will show no difference in biological knowledge of the human body on a written test from students in non-comprehensive programs.

Hypothesis VI

There is no significant relationship between the dependent variables investigated in this study.

Although these hypotheses are stated in the null, this researcher who worked in such programs believed that

the students' participation in comprehensive human sexuality programs brought about positive changes in knowledge, attitudes, and values. The lack of research made it impossible to pose directional hypotheses. This research attempted to discover if such programs promoted an increase in knowledge and a change in attitudes and values.

The five dependent variables -- Positive Sexual Attitudes, Catholic Church Teaching, Catholic Church Values, Social Values, and Biological Knowledge -- were assessed by various methods. The students responded to the Positive Sexual Attitudes instrument according to a three-point Likert scale for each statement given. Open-ended scenarios dealing with premarital sex, virginity, homosexuality, and abortion required students' written response reflecting their awareness and/or integration of Catholic Church Teaching, Values, and Social Values. The Biological Knowledge instrument was a standardized, multiple-choice questionnaire containing 50 questions. A demographic profile was given on the independent variables. The addition of the independent variables of sex and influence of religion upon sexual attitudes and values was also investigated when testing the six hypotheses.

For the purpose of collecting the data to test these hypotheses, the researcher chose a sample population consisting of seniors in Catholic secondary schools in the state of California.

Participation of the Catholic secondary school was on a voluntary basis. Thirty-five schools throughout California were approached. Fourteen agreed to participate, and of these, thirteen completed the survey instrument. Reasons most commonly expressed by the remaining twenty-one Catholic secondary schools for not participating were: conservative parent pressure, students considered too young for material, survey considered not important at this age, involvement in other issues, lack of calendar time for survey instrument; and, according to some school advisor's opinion, the material was not important to their students.

Definition of Terms

The following definitions of specific terms were used within this research:

Sex is defined as gender identity, male and female, sexual activity or genital activity, biological aspects of reproduction, the structure and function of males and females, sperm and egg reproduction, pregnancy, mating, and sexual arousal (Allgeier & Allgeier, 1984; Crooks & Baur, 1983; Jones, Shainberg & Byer, 1985).

Sexuality is defined as the whole person, that is, the emotional, mental, physical, intellectual, spiritual, and sexual aspects of the individual as well as his/her need for love and personal

fulfillment (Allgeier & Allgeier, 1984; Calderone, 1981; Crooks & Baur, 1983; Jones, Shainberg & Byer, 1985).

Comprehensive Sexuality Program is defined as containing three or more full semesters of classes related specifically to the sexuality of individuals.

Non-Comprehensive Sexuality Program is defined as containing less than two full semesters of classes related specifically to the sexuality of individuals.

Catholic Church Teachings is defined by current Catholic Church directives since the Second Vatican Council of 1966 in the topic areas of premarital sex, virginity, homosexuality, and abortion.

For a particular elaboration on the current position of Catholic Church Teachings since the Second Vatican Council of 1966, consult Appendix A (p. 141).

Catholic Church Values is defined as the specific directives, options, laws, and guidelines set forth in Catholic Church Teachings since the Second Vatican Council of 1966 concerning the topic areas of premarital sex, virginity, homosexuality, and abortion.

Currently Accepted Social Values is defined as consistent social values being expressed as current social norms for society, i.e., attitudes, behaviors, and practices considered acceptable by a proportion of the population in today's society.

CHAPTER TWO

REVIEW OF THE LITERATURE

Human sexuality programs in Catholic secondary schools have been gradually merging during the 1980's. Contributing motivations, having been explored, will here be elucidated. The condition in society referred to as "the sexual revolution" had stimulated both concern and debates about the real needs for human sexuality programs in the schools. Statistics pointed to a rise in teenage pregnancy and sexually transmitted diseases. That some form of education must be given to adolescents before the onset of sexual activity is without question (Sherman, 1986; Stark, 1986; Wallis, 1985). Even with the increased general public awareness of the need to educate adolescents in sexuality (Leo, 1986), little published research on sexuality programs in Catholic secondary school settings has been available.

Sex Education Research

The Educational Resources Information Center (ERIC) and "Psychology Abstracts" computer searches were performed using the descriptors: sex education, sexuality, Catholic schools, and secondary education. In the ERIC search, four articles were listed, and none were acceptable because they did not pertain even generally to human sexuality programs

in Catholic secondary schools. In the "Psychology Abstracts" only two articles were found. Neither of those was appropriate because they only alluded to human sexuality programs in Catholic secondary schools and were not specific.

A "Dissertation Abstracts" computer search was more fruitful. Two dissertations (Hagoel, 1980; Hinkle, 1980) in human sexuality programs with references to Catholic secondary schools dealt with the sex educator as a role model. Although these dissertations were not used per se in this investigation, the researcher was able to use references to other related materials.

The library search using the ERIC, the "Psychological Abstracts," the "Dissertation Abstracts," and journal indices did yield an abundance of material about sex education outside the Catholic school sector. For example, using the descriptors of sex education or sexuality, there were 2,945 in ERIC, 1,061 in "Psychological Abstracts," and 377 in "Dissertation Abstracts."

Historical Background of Sex Education

The issue of sex education first began to appear in the 19th century. At the annual meeting of the National Educators Association in 1892 sex education within the school system was discussed. Around that same time members of the National Congress of Parents and Teachers were also discussing the issue of sex education in schools.

In 1916 the American Society of Sanitary and Moral Prophylaxis began to request sex education in schools to combat the spread of sexually transmitted diseases. The emphasis of these sex education programs was on social hygiene and disease control, not sexual activity and overall sexual knowledge.

The first major work concerning sex education in public schools was written by Bigelow in 1916. Bigelow saw the importance of young persons having correct information about their sexual nature. He also saw the relativity of morals and attitudes as an influence upon sexual behavior. A resolution by the National Education Association in July 1914 considered persons with scientific training and teaching experience to be qualified to teach sex education. The assumption was that persons thus qualified assured a safe moral point of view (Kirkendall, 1981).

Early programs of sex education dealt with biological reproductive information and the social evils of sexual activity. Sex education information was introduced in college-level biology classes and conveyed a limited, if not negative, connotation regarding sex and sexuality (Guenberg, 1922; Hagoel, 1980; Kirkendall, 1981). The behavioral approach to sex education appeared in 1922 with the work of Gruenbergf who encouraged the discussion of the meanings of sexuality. Still little actual sex education occurred in schools in the 1930's and 1940's. When sex education was a

part of the curriculum, only the knowledge of the reproductive system was taught (American Social Hygiene Association, 1938).

In 1945 the United States Office of Education recommended that sex education be integrated into elementary and secondary school curricula and that a more positive, affirming approach be taken rather than the previous emphasis on social evils. The United States Office of Education also encouraged discussion concerning the emotional and attitudinal development of the students. Though encouraged by the United States Office of Education, the schools showed only sporadic implementation nationally (Scales, 1981b). Church organizations, the Canadian Council of Churches, and the National Council of Churches of Christ in the United States sponsored two conferences in 1961 to discuss and reassess the moral considerations that may be involved in sex education programs.

By the late 1960's both the American Public Health Association Governing Council and the American Academy of Pediatrics were supporting sex education in public schools. In 1964 the Sex Information and Education Council of the United States (SIECUS) was formed for the purpose of serving as a clearing house for sex information materials, consultant services, and research and training opportunities in human sexuality. This organization had an important impact upon the sex education movement in the 1960's.

In the late 1960's and early 1970's, the government began funding Title III programs for teacher training in human sexuality. Federal initiatives supporting sex education were emerging, and sex education was offered in family planning centers as well as in national youth organizations such as Boy and Girl Scouts, Girls' Clubs, 4-H, and others (Kirkendall, 1981).

After World War II, films became available as teaching aids for sex education courses, but not without tremendous opposition (Kirkendall, 1981). Throughout the years of controversy concerning sex education in schools, parents had been looked upon and encouraged as the primary sex educators of their children. However, polls and reports from researchers and professionals in family counseling had given evidence that sex education was not happening in the home (Hagoel, 1980; Hass, 1979; Kinkle, 1982; Kirkendall, 1981; Norman & Harris, 1981; Powel & Jorgensen, 1985).

The state of California made recommendations for sex education programs in the public school curriculum as early as the 1940's. Individual school district boards were given the authority to determine the extent of the sex education programs within the district's schools. In 1964 the National Education Association found that only 10% of the school systems in the country had comprehensive sex education programs. Comprehensive in this instance meant dealing with more than the reproductive element of sex. California

schools were within that 10% range for comprehensive sex education programs (American Social Hygiene Association, 1983). A poll taken in November 1986 by Yankelovich, Clancy, and Shulman for Time magazine reported a changing trend in attitude toward sex education programs. Eighty-six percent of the respondents agreed that sex education courses should be taught in schools (Leo, 1986).

Sex Education in Public and Church-based Schools

The library index search listed a number of articles in education programs in Catholic and non-Catholic Church-based settings. The lecture given by Marie-Paule Desaulnier to the Eleventh General Assembly of the O.I.E.C. in 1982 on the relationship between values and sex education programs in Quebec, Canada, described what was being accomplished within public and Catholic schools in that province. The lecture also acknowledged the continual debate that was still present concerning "what/whose values" were to be advocated. The values that remained constant and were expanded upon were in the area of self-worth, self-respect, respect for others, and responsibility. The Ministry of Education took into account the traditions and the people's desire to integrate explicit values; e.g., family, culture, church, and society into sex education programs.

The pedagogy of sex education in Quebec schools espoused a personal and social formation program that would encourage the student to establish equally a relationship

between what was studied and what was lived. The necessity for qualified personnel to teach the then "new" sex education programs led to the creation of a teacher training course for educators, parents, and teachers at the University of Quebec in Trois-Riviers.

Powell and Jorgensen (1985) evaluated a ten-day church-based human sexuality program from three aspects: self-esteem, values, and attitudes. Their conclusion, based on a survey questionnaire, was that continuing, more than 2- or 3-day programs, appeared to be more beneficial to the participants than shorter programs or one-day workshops. The greatest positive change was noted in personal sexual values. A follow-up assessment, given a year later, showed that significant gains in values had been retained. The self-esteem scores failed to show the anticipated change. This was attributed to the short ten-day program. Literature on self-esteem and self-concept indicated that changes occur very gradually over time.

Powell & Jorgensen's (1985) empirical results on church-based sexuality programs showed that there is potential for responsible sexual decision making based on clear values. The results of their study suggest that comprehensive adolescent sex education programs have definite potential for acquiring sexual knowledge and clarifying personal sexual values.

Cullwilby, Alcoe, and Taylor (1985) found that several factors aided eighth-grade students in understanding their physical development. These factors were duration of the program, educator's influence, composition of the class, and content of the curriculum. They used a standardized interview format for the 12 participating teachers and a specifically designed questionnaire for the 105 students. Teachers who discussed both course content and human sexuality with their students had consistently higher correct answers than teachers who explained less content and had fewer discussions with students. The researchers saw a relationship between the amount of material presented and the degree of student confidence in discussion and application of knowledge. Therefore, teachers did influence the knowledge and confidence level or lack of knowledge and confidence level of the students by what was presented or not presented in the programs.

Another factor that influenced what teachers taught or did not teach in the sex education classes was the class gender composition. An example stated that male anatomy was taught 1½ to 2½ times more in all male classes than in mixed or female classes only. The presence of the opposite sex appeared to inhibit or restrict the information presented. Cullwilby, Alcoe, and Taylor (1985) observed inconsistency of curriculum guidelines and teachers' lack of awareness as to what other teachers in the same school were teaching.

Fear of negative community and parent reaction was stated as a prevalent reason for not having sex education programs or for limiting the content of such programs in the schools. The authors questioned whether the fears were well founded or rather emanated from an anticipated negative community and parent response. Their recommendation was for more comprehensive sex education programs beginning at the elementary level.

Adolescent Sexuality

According to a number of authors the physical and emotional developmental tasks of adolescents can continue on into adulthood (Allgeier & Allgeier, 1984; Crooks & Baur, 1983; Jones, Shainberg & Byer, 1985; Woodward, 1990). It is important to understand what affects adolescents during the time of their physical and emotional upheaval. Genital and hormonal changes stimulate questions concerning bodily development; for example, When will my period start? Will my breasts get larger? Will my penis get bigger? Why do I feel so moody? Why do I feel so funny inside of me? Am I normal? Are these feelings normal? How do I know if something is wrong? What size is normal? When will boys/girls like me? What is happening to me? What is a good age to have sex? According to Hass (1979) these questions were not being answered adequately or correctly by family and/or peers.

Hass (1979) reported that 66% of the boys and 65% of the girls he surveyed thought that their parents were not open enough to their questions concerning sex. The Norman and Harris Report (1981) and Gasiorowski (1988) concurred with Hass; i.e., teenagers find their parents difficult to approach when seeking information about their sexual development.

Adolescents and Sex Education

Adolescent students surveyed regarding sex education courses within the schools responded that the courses provided limited information and that the schools were not meeting the students' needs. Essentially, the schools were not dealing with the issues the students wanted to discuss. These were the conclusions of both the Hass (1979) and the Norman and Harris (1981) surveys. The Powel and Jorgensen (1985) study verified Hass' (1979) statement that the teenagers wanted more than biology taught within sex education programs. The students wished to discuss feelings, attitudes, and values in relationships and sexual activities. Students also desired frank discussions and information about abortion, birth control, sexually transmitted diseases, date rape, sexual abuse, and sexual exploitation. They needed the opportunity to ask questions about their bodies without embarrassment (Gasiorowski, 1989; Hass, 1979; Norman & Harris, 1981).

Brookman (1983) emphasized the importance of adolescents becoming aware of the changes that were going to occur within their bodies before they actually happen. For example, adolescents should know what physical and emotional changes puberty will bring. They should not fear the changes but anticipate them. Before adolescents become sexually active, they should have a basic understanding of the human reproductive system, the sexual response and pleasure systems, and how they function. Complex feelings, attitudes, and personal values need to be discussed with adolescents during this developmental period in their lives. Brookman's (1983) advice to medical practitioners and others working in related medical fields with adolescents was to be aware of the adolescents' lack of sex education. He also encouraged medical practitioners to be sensitive to the feelings, attitudes, and values of adolescents while they are in their care.

Adolescents and Self-Esteem

Erikson (1983) stressed the importance of a healthy self-esteem. He considered self-esteem to be an assessment of personal worthiness, a sense of being capable, important, and able to succeed. He saw a relationship between the individual's self-esteem and sexual attitudes. Strommen (1979) also emphasized the importance of a positive sense of self-worth that adolescents need in order to assist their physical and emotional growth. Self-concept and self-worth

are important facets that interact upon adolescents' attitudes about themselves as sexual beings. Cavanaugh (1980) supported the view that low self-esteem and self-worth affect the behavior and mental development of individuals. This conclusion was also expressed in the writings of Brookman (1983), Dodson (1979), and Masters & Johnson (1985). How young people felt about themselves was reflected in their sexual behavior.

Valuing themselves is demonstrated by the way they value others. Their self-esteem and self-worth were a description of how they would value themselves and others sexually. Human sexuality programs that have components for developing and exploring the areas of self-esteem, self-concept, and self-worth help to establish a positive framework for adolescents as they develop their sexual identity (Cooper, 1982; Gasiorowski, 1989; Klein, 1984).

Cooper's (1982) study of junior and senior high school students reported higher levels of self-liking and self-acceptance, which in turn contributed to insight and more mature attitudes. Teachers and parents reported that their students were demonstrating abilities to make sound and responsible decisions as an overall result of these programs.

In Klein (1984) the inventory outcomes study showed that the subjects who participated in sex education programs

had greater understanding of personal values and the positive role of sexuality in their lives.

Daniel Helminick (1989) in his article "Self-Esteem, Self-Acceptance and Spirituality," attempted to clarify a relationship between sexual self-acceptance and self-esteem. Sexual self-acceptance refers to comfort with one's body as a sexually responsive organism, and self-esteem refers to satisfaction with oneself. He proposed that acceptance of one's sexuality is critical to positive self-esteem. Helminick admitted that there was no conclusive empirical evidence of this as of this date but stated previous studies by James (1910), Mead (1934), and Baldwin (1897) concluded that comfort with the body was seen as a basis of all self-esteem from early infancy onward.

This linkage between self-esteem and sexual self-acceptance as relating to positive sexual attitudes supports the contention that human sexuality programs having self-esteem, self-concept, and self-worth components within them make a difference by influencing how adolescents express their sexuality. An article in Planned Parenthood Review (Scales, 1982) concurred that adequate self-esteem in individuals is a key to making healthy ethical and effective sexual decisions.

Shapiro (1980) found a correlation between self-esteem and sexual activity in studies concerning contraceptive use among adolescents. Low self-esteem among adoles-

cents is related to low or non-use of contraceptives as well as premature sexual activity at an early age.

Much of the literature in many varied but related fields indicated that a relationship between self-esteem and positive sexual attitudes did exist and that this assisted in developing a positive framework for adolescent sexual identity and decisions concerning sexual attitudes and some behaviors.

Moral Development Influence

Another topic of concern to many researchers is adolescent stages of growth in moral development (Kohlberg, 1976; Rice, 1980; Scharf, 1978). Kohlberg's studies showed how levels of moral development was achieved incrementally. They occurred neither in isolation nor automatically. The moral development of adolescents was considered to be a part of the decision-making process; e.g., developing skills in decision making, by identifying possible alternative solutions to problem situations (Cooper, 1982). The adolescent's sense of self-esteem and values was also an integral part of that process. Human sexuality programs that were designed to recognize these stages of development within the adolescent had the potential of contributing to the areas of self-worth, moral decision making, and values (Cooper, 1982; Finley & Pennock, 1976; Gasiorowski, 1989; Klein, 1984; Powell & Jorgensen, 1985).

Recent work in the field of development and gender has brought into question earlier work initiated by Kohlberg (1976) regarding moral development of adolescents.

Human Sexuality Teachings in the Catholic Church

The Second Vatican Council in 1966 endorsed the teaching of sex education to young people in order to assist them in the development of their physical, moral, and intellectual capacities (Declaration on Christian Education, 1966). The Council Fathers were concerned about the value of human sexuality education and considered it well within the church's responsibility. Though endorsed by the Second Vatican Council, specific guidelines for teaching human sexuality were not established. The Catholic Church in the United States had sponsored few sex education programs. Sex education had been taught in Catholic secondary religion classes and, to some extent, in biology classes since the 1950's. Only recently have some schools inaugurated specific courses in sexuality.

The United States Catholic Conference published "Sharing the Light of Faith" in 1979. In it the bishops emphasized the educational considerations that are necessary in teaching human sexuality programs: moral, spiritual, psychological, emotional, and physical dimensions (United States Catholic Conference, 1979). Programs were to be designed to aid young people in understanding and accepting their sexuality. Sexuality was to be taught as a component

of the human personality and as an integral part of one's whole self.

In 1981 the National Committee for Human Sexuality Education of the United States Catholic Church published some guidelines for discussing and planning human sexuality programs in Catholic schools. These guidelines contained specific directions for content and objectives that were to be taken into account for individuals of various age levels.

On November 1, 1983, the Holy See published In Human Love: Outline for Sex Education. This small book was a restatement of the Declaration on Christian Education and "Sharing the Light of Faith." Catholic dioceses throughout the United States were encouraged to begin instituting and implementing human sexuality programs for young people. Sexuality programs for young people are being developed and encouraged as readily as those within the secular community. Similarly, caution and hesitancy were apparent in attempting to develop materials appropriate to specific age levels. The limitations in the development and implementation of human sexuality programs in Catholic dioceses can be attributed to the concerned sectors of the population: parents, teachers, administrators, and diocesan representatives of the Catholic Church.

Survey Instrument

Information on the measuring of sexual attitudes found in the review of the literature was not appropriate

for this research study. The abundance of sexual attitude material was primarily concerned with sexual behavior such as permissiveness, open casual sex, multiple partners, sexual practices, birth control, and tolerance of sexual activities (Biley, Hendrik & Hendrick, 1987; Gordon, 1980; Hass, 1979; Norman & Harris, 1981). Some of the material on sexual attitude covered extremely broad areas such as dating, marriage, child bearing and rearing, love and ego strengths (Kilander, 1970; McHugh & McHugh, 1976; Schiller, 1973).

Other sexual attitude instruments had too narrow a base and were for adult sex education students or were too long and not appropriate for the age level and school setting for this study. Most of the sexual attitude instruments had questionable reliability and validity ratings.

The review of the literature supported the idea that self-esteem as well as a positive sexual attitude and sexual knowledge contributes to making healthy decisions about sexual activity.

Summary

Current literature supported the importance of sexual knowledge, self-esteem, and attitudes as components of the sexual development of adolescents. Resarch on human sexuality programs in Catholic secondary schools was limited. Thus, this lack of literature and research, and the researcher's practical experience for over 10 years, dictated the need for further investigation and study.

CHAPTER THREE

METHODOLOGY

The decision about methodology for the research study was made after due consideration for possible results from either a quantitative or a qualitative method. The exclusive use of only one method would not be appropriate because of the nature of this research study; however, the benefits of both quantitative and qualitative methods seemed quite tenable.

A positive feature of the quantitative method was its adaptability to the analysis of statistical data which, in turn, would yield information relevant to the stated hypotheses. Moreover, the use of quantitative methodology would provide future research with a means for replication based on descriptive information within this study (Cohen & Manion, 1985; Crowl, 1986).

The quantitative function was to explain and predict relationships between objects and events. In this research study, the objects would be the student results from the survey instruments, and the events would be the length of human sexuality programs.

Considering the nature of the research questions and the hypotheses, quantitative methodology would yield the needed data. This type of methodology is commonly used in

surveys. Survey research may utilize 1) questionnaires, 2) interviews, and 3) standardized tests or attitude scales (Cohen & Manion, 1985). Such research would produce the discrete numerical data needed for statistical analyses. The survey technique of the quantitative method would also allow for a statistical profile of the population since each survey is designed to describe and quantify characteristics of a defined population (Ferber, Sheatsley, Turner & Wakesber, 1980). The defined population in this research study would be the 12th-grade students.

Other reasons for the preferential use of a quantitative approach were the accessibility of 12th-grade students, the population size desired by the researcher, the limited times for data collection, and the desire to computerize the analysis procedure. Conversely, a negative aspect of the quantitative method would be its failure to tolerate unexpected problems and difficulties (Manson & Bramble, 1987).

For that reason, the qualitative method was also seen as essential for this research study. Qualitative research lends itself to rich description. Personal opinions, expressed in the subject's own words, are a colorful by-product of this method as are other substantive data. In other words, data from qualitative methods would be in words rather than in numbers and would provide a framework within the analyses for interpreting the

accumulated data (Goodwin & Goodwin, 1984). The values segment of the survey instrument, as developed by the researcher, gave the subjects an opportunity to express, in their own words, their opinions and beliefs pertaining to the research questions (Best, 1977). The use of questions that identify values and perspectives could enhance the validity and reliability of the study (Goodwin & Goodwin, 1984).

Considering the results that would be obtained from the survey instrument, the decision was made to use both the quantitative and the qualitative methods of research. Goodwin and Goodwin (1984) saw this as a measurement strategy that would increase the information and "strengthen the external validity of the results" (p. 380).

Survey Versus Interview

The use of a survey instrument rather than an interview procedure was selected after weighing the pros and cons of both methods. The research questions and hypotheses required analysis techniques that would be efficient, valid, and reliable (Goodwin & Goodwin, 1984). Thus the survey instrument would allow for the collection of statistical data, the use of a larger population sample, more efficient use of time, greater accessibility to the subjects, a broader correlation analysis, a higher response rate, and a profile of the population.

Pilot Study

In the spring of 1986, a pilot study, using the three-part survey and profile information form, was made. Sixty 12th-grade students of a Catholic secondary school participated. The purpose of the pilot study was to assess the validity of the instruments. The researcher administered the surveys to thirty students. An assistant trained by the researcher administered surveys to thirty students and also taped the procedure and noted student questions and other responses, including ostensible comfort level, laughter, sighs, snickers, and shifting of body position during the allotted testing time. Types of questions asked and observed comfort level of the students indicated to the researcher that certain survey instruments were not electing the measurements intended.

Items eliciting inappropriate or questionable behavior were rewritten, and additional items were written for certain areas in order to eliminate ambiguity. The clarity of the rewritten items increased test reliability and validity.

The instruments were given in two separate 45-minute sessions. The profile, Positive Sexual Attitudes, and values surveys were given one day, and the Biological Knowledge survey, the next day. The results of the pilot study showed that the profile form was not comprehensive enough with respect to ethnic breakdown which required more

national and racial subdivisions. The Positive Sexual Attitudes survey, which at that time included a number of Sandra Bem's (1975) sex-role inventory questions, was lengthy and awkward and did not clarify a person's positive sexual attitudes. The wrong questions were evidently being asked. Therefore, a new instrument with increased content, improved validity, and reliability had to be developed. It had to be an instrument with specific questions that would enable positive sexual attitudes to surface (see Appendix B, p. 144). This was accomplished with the assistance of a committee of experts. Topics currently listed in the literature, as tied to positive sexual attitudes, were chosen. Items for each topic were developed and then stated, half positively and half negatively. Reliability was established by test/retest of the Positive Sexual Attitudes instrument.

The values survey component was redundant and lengthy in parts and appeared to confuse and confound the students. Deleting redundancy and general condensing reduced the survey from a seven to a four scenario instrument. The main topics such as premarital sex, homosexuality, virginity, and abortion, considered essential to the study, were retained. These topics were based on the researcher's field experience working with adolescent sexuality and similar topics noted in the literature.

The multiple-choice Biological Knowledge questionnaire, used with permission from Times Mirror Mosby

Publishing Company (see Appendix E, p. 159), remained the same even though the students considered the questions to be very difficult. Student feedback to specific questions about length of survey, types of questions asked, perceived degree of difficulty, challenge, and interest was helpful in developing the final instruments to be used.

The pilot study was worthwhile in that it contributed to the development of an instrument containing content and construct validity as well as establishing reliability by consistent measurement within the questions.

Site

The research study took place in four Roman Catholic dioceses in the state of California. The Catholic dioceses chosen for the survey varied in size and population as well as the number of Catholic high schools within the dioceses. The number varies from as few as 4 high schools to as many as 80. Dioceses are determined by population and area. An example would be the Los Angeles diocese that was initially designated by area because of the Catholic population. Today the Los Angeles diocese exceeds those constraints and is now in the process of division. The two largest dioceses used in this study were Los Angeles and San Francisco. They both contributed more schools than the other dioceses because of their large number of Catholic high schools. This study was done during the continuing process of division of both dioceses. The desires of the Catholic

population for specific educational facilities, plus the availability of religious orders and/or communities to operate and teach in these schools, contributed to the present number of high schools within each of the dioceses.

The Catholic high schools were divided into three categories: diocesan, parish, and private. Diocesan schools are owned by the diocese and run by the diocesan directives and regulations. The parish schools are owned and run by the parish and follow the diocesan directives and regulations. The private schools are owned and run by religious orders, communities, and/or private corporations that make a decision to follow or not to follow all or some of the diocesan directives and regulations. Catholic high schools from the four dioceses volunteered to participate in the research study. The only requirement was that each school was to be involved in some form of human sexuality program.

Sampling

Twelfth-grade female and male students participated in the study. The rationale for selecting this particular grade level was based on the following student characteristics: 1) maturation level, 2) involvement in relationships, 3) establishment of self-identity, and 4) physical development. Cluster sampling of the selected volunteer schools was used. Out of a population of approximately 12,000 twelfth-grade students within the four

dioceses, 1,555 students participated. Students made the ultimate decision about participation in the study. Individual schools obtained necessary parental permission for student volunteers for the study (see Appendix F, p. 160).

A large population was used to insure quality research and hence to dispel negative criticism invited by too small a sample. Additionally, a large sample should be representative of the ethnic and demographic makeup of California. The data collected from a large sample would represent a cross section of students with respect to academic performance, religious affiliation, single-parent family situations, influence of religious beliefs on behavior, and so on. The size of this sample would also allow for a higher response rate owing to a greater accessibility to the subjects and thereby meet assumptions of analysis methods. Once permission to access the students was obtained, the researcher collected additional information for other analyses and questions not to be addressed in this study. The scope of the study could lend itself to subgroup analysis in order to look at such differences as comprehensive versus non-comprehensive sexuality programs. Item-by-item analysis for curriculum restructuring could be done to find out which items made a difference in schools that had comprehensive or non-comprehensive programs. In essence, the advantages of a large sample by far outweighed the disadvantages.

Instrument Design

Positive Sexual Attitudes

A search to find an appropriate instrument, one that would cover specific areas, such as positive sexual attitudes and values of Catholic Church teachings, was not successful. The limitations of student age and subject content to be surveyed narrowed the scope considerably. Buros' (1974) Mental Measurement Yearbook was used to check the validity and reliability of available Positive Sexual Attitudes instruments. Reviews indicated that the available instruments were inadequate with respect to validity and reliability for varying age groups, thus precluding suitability for the target age group selected for this research survey. What was found covered primarily general sexual behavior (Bailey, Henrick & Henrick, 1987; Gordon, 1980; Norman & Harris, 1981) or otherwise too broad an area (Kilander, 1970; McHugh & McHugh, 1976; Schiller, 1973) for this particular study. It was, therefore, necessary to develop an instrument to elicit positive sexual attitudes to match the maturation and age level of the target population (see Table 1). To this end, a Positive Sexual Attitudes instrument was developed with the assistance of a sex therapist, a marriage-family-child counselor, and a sex educator. To determine content validity, the committee chose topics currently listed in the literature as tied to positive sexual attitudes. Items for the contents were

Table 1

Student Age

Years	N	%
15	1	.1
16	29	1.9
17	883	56.8
18	403	25.9
19	17	1.1
Not indicated	222	14.2
Total	1,555	100.0

developed and then stated, half positively and half negatively. Reliability was established by test retest on Positive Sexual Attitudes instruments.

Scoring Positive Sexual Attitudes

The Positive Sexual Attitudes instrument, developed by a committee of experts in the fields of counseling, sex therapy, and sex education, was graded on a Likert scale of A = agree with statement, D = disagree with statement, and U = uncertain about the statement. Agree was equivalent to a ranking of 3, uncertain was equivalent to a ranking of 2, and disagree was equivalent to a ranking of 1. Total possible score was 72 points. The 24 positive sexual

attitudes questions were divided equally as to positive and negative attitude questions. A range was developed in order to show a breakdown of the numbers on a table for the benefit of the reader. The settled-upon range was 72 - 60 as highly positive, 50's somewhat positive, 40's were considered undecided, 30's were considered in the negative range, and below 30 was very negative. The use of the scores for the Positive Sexual Attitudes instrument was for numerical quantification.

Values

The values survey component of the instrument was developed by the researcher. This survey encompassed the essence of the hypotheses; i.e., awareness of Catholic Church Teachings and the integration of Catholic Church Values and current Social Values. The scenarios were presented to elicit these three specific areas of awareness. This particular segment subsumed a qualitative design in order to span both range and depth of response in which the 12th-grade subjects were to express their opinions. Open-ended situations were presented in order to obtain qualitative responses from the students. Each situation presented asked students to answer from their own perspective and also from the perspective of a practicing Catholic. The students were, therefore, able to respond according to their awareness of Catholic Church Teachings, the integration of Catholic Values, and integration of

current Social Values within their present lifestyle. The topic areas chosen were premarital sex, homosexuality, virginity, and abortion. The choice of the specific topic areas was based on the researcher's past 12 years experience working in the field of adolescent sexuality. Questions concerning these topic areas were continually asked with reference to the Catholic Church's teachings. The literature also surfaced similar questions (Gasiorowski, 1988) concerning premarital sex, virginity, and abortion. Homosexuality has currently become an issue of discussion among adolescents because of the social justice and homophobic atmosphere present in our society. The student's responses would be judged on a scale of fully knowledgeable, somewhat knowledgeable, and little or no knowledge.

Four scenarios were developed concerning areas of interest expressed by adolescents in the literature (Gasiorowski, 1988; Hass, 1979; Norman & Harria, 1981). These areas were premarital sexual activity, homosexuality, virginity, and abortion. Open-ended scenarios were used to encourage qualitative responses from the students. The scenarios were used to assess the students' awareness and integration of Catholic Church Teachings, Catholic Church Values, and currently accepted Social Values.

Scoring Values

The scoring of the Values Survey instrument involved three specific areas of concern for the scenarios: Catholic Church Teachings, Catholic Church Values, and Social Values; i.e., currently accepted social values. A point system that ranked each of the areas was decided upon (see Appendix H, p. 164).

Catholic Church Teachings

In the area of Catholic Church Teachings, 3 points were given for a reply that expressed full awareness of Catholic Church Teachings, 2 points for a reply that was aware of some Catholic Church Teachings, and 1 point for a reply that showed little or no awareness of Catholic Church Teachings.

A 3-point rating sample reply was, "Awareness of the Catholic Church's position for the respect for human life from conception: accept and support the pregnancy, consider possibility of adoption, consider the possibility of keeping the baby."

A 2-point rating sample was, "Awareness that it is a human life: accept responsibility for the sexual activity, consider the possibility of adoption or keeping the baby, consider alternative of abortion."

A 1-point rating sample reply was, "Know the Catholic Church is against abortion but support having an abortion."

Catholic Church Values

For Catholic Values, 3 points were assigned for a reply, fully in accord with Catholic Values; 2 points for a reply, somewhat in accordance with Catholic Values, and 1 point for a reply that showed no evidence of values taught by the Catholic Church.

A 3-point rating sample reply was, "Encourage and support maintaining the pregnancy, acknowledge the respect for human life, accept responsibility for the pregnancy, consider the possibility of adoption, telling parents, seeking professional help/advice, inform partner."

A 2-point rating sample reply was, "Tell your partner, talk over what do to, support each other, tell parents, have baby, consider adoption, consider abortion as last result."

A 1-point rating sample reply was, "Have or support an abortion."

Social Values

The area of currently accepted social values was scored with 3 points for a reply that expressed fully integrated currently accepted social values, 2 points for a reply that expressed some integration of social values, and 1 point for a reply that expressed little or no integration of currently accepted social values.

A 3-point rating sample reply was, "Abortion is the only solution, don't ruin your life because of a mistake,

make the decision yourself, it is your body and your choice, deny you are the father, leave town."

A 2-point rating sample reply was, "Consider and support having an abortion, offer to pay for abortion, tell parents, seek professional advice, consider adoption, consider keeping and/or supporting the baby."

A 1-point rating sample reply was, "Consider having and supporting the pregnancy if abortion isn't possible, marry the person, support adoption, have parents raise the baby, keeping and/or support the baby."

Judges

A panel of judges was selected to evaluate and validate interrelated reliability of the Values instrument of the survey. The panel consisted of four judges, two males and two females. Each of the judges selected had an extensive background and at least a Bachelor of Arts degree in the field of religious education or theology. Three of the panel members had graduate studies in theology and Catholic Church Teachings. The panel members' personal responses to the Catholic Church and its teachings ranged from conservative to liberal. Each of the judges had continued to update his/her educational background in current Catholic Church Teachings and was familiar with the documents of Vatican II and current directives issued from Rome. The diversity of the panel of judges contributed to reliability in scoring the Values instrument of the survey.

The judges took part in a training session to clarify the scoring and rating scale for each of the areas involved, and were then given a sample instrument with the four scenarios to score and rate. Their results were then discussed with the researcher to clarify how and why they rated and scored the scenarios as they did. The panel was reminded of the age level of the participating students and of the conditions under which they were responding to the survey. The judges were further instructed not to read meanings into student responses or non-responses and not to look for profound insights. They were to accept responses as stated and to score according to the scale. Each judge was given the same number of sample value surveys to rate. After the ratings were completed, they were compared with one another and also with the ratings assigned by the researcher. The results verified the validity and reliability of the research worker's ratings of the Values Survey instrument.

Biological Knowledge

Only one published instrument pertaining to the Biological Knowledge concept was found acceptable for 12th-grade students. This was a multiple choice questionnaire (see Appendix C, p. 147). A topic list (see Appendix D, p. 158) was rendered to establish the content validity of this survey, and permission was obtained from Time Mirror Mosby to use their standardized Biological Knowledge test

(see Appendix E, p. 159). Groupings within the survey instrument coalesced with the content validity of the published Biological Knowledge test. Reliability of the questions was determined by the Times Mirror Mosby Publishing Company who developed the items.

Scoring Biological Knowledge

The Biological Knowledge instrument of the survey was a multiple-choice test taken on scantrons. Total scores were given and questions were broken into topical areas (see Appendix D, p. 158) for the statistical analysis of the data at a future time.

Contacting Superintendents

Acknowledgement and support of the research survey was sought by telephone interview from superintendents of Catholic diocesan secondary schools. Having a specific written agenda to follow for these conversations was vital. In a sense, questions could be anticipated before they were asked. The written outline promoted a smooth flow for introductions, followed by a clear and concise statement (see Appendix I, p. 167). An appropriate self-introduction, coupled with general information about the purpose of the study and the materials involved, ultimately secured written permission to send a sample of the survey materials to secondary school principals.

Introductory Package

Schools that volunteered to participate in the study and that could meet population criteria were sent an introductory material package containing the following items: 1) principal's letter, 2) return response form, 3) statement of purpose, 4) curriculum survey, 5) letter to students (see Appendix K, p. 175), 6) parents' permission forms (see Appendix F, p. 160), 7) demographic profile information (see Appendix G, p. 161), 8) positive sexual attitudes survey (see Appendix B, p. 144), 9) values survey (see Appendix H, p. 164), 10) Biological Knowledge survey (see Appendix C, p. 147), and 11) diocesan letters of acknowledgment (see Appendix F, p. 160). The package sent to superintendents for perusal omitted items specific to secondary schools, as mentioned above (e.g., 1, 2, 5, 6, 7, and 11), but did include the researcher's resume and a letter explaining the materials.

The rationale for going through diocesan channels was to imply to the secondary school heads the endorsement of the survey materials, the credibility of the research worker, and the worth of her dissertation study. This was in anticipation of concern about the acceptability of materials to be used in the schools and to confirm overall diocesan approval.

Contacting Principals

A 2-week period was allowed before a follow-up call was made to make an appointment with individual principals to discuss and clarify the purpose and intent of the study. The questions asked were usually about the use of the obtained information and about confidentiality with regard to both students and schools involved. Once the involvement of schools was secured, a contact person was named and an appointment was set up. In spite of suggested dates during the fall 1988 or the spring 1989 semesters, schools needed to determine for themselves which term was better for administration of the survey materials. It had been the intent of the researcher that all the schools administer the survey materials within a 4 to 6 week period. Although this was not possible, the times set by the schools did in some cases allow students to have completed most of the components of their human sexuality programs.

Letters containing step-by-step procedures were mailed to contact persons at the schools once they indicated their time frame for administering the surveys. The researcher was also available to go to the individual schools to train the teachers for administration of the surveys. The coding of the survey instruments, familiarizing the teachers with the questions most commonly asked, clarification of specific questions, method of distribution, timing, collection of the materials, as well as collating

the coded materials, were areas in which teachers administering the survey materials needed training. Not all of the schools availed themselves of the service offered. Even with the step-by-step procedures, mistakes were made because the instructions were not read before and during the administration of the survey materials. In some cases, not all of the materials were returned to the researcher. In other cases, mis-coded or non-coded materials were common; some materials were not complete, and some schools did not use all the survey instruments. Not all 12th-grade students were used in some schools, but no reasons were given as to why.

Constant communication with some schools did foster the administration of complete survey instruments which were always mailed to individual schools for the specific dates of their choosing. An instruction letter, Version I for complete survey instrument, or Version II for limited survey instrument, was included (see Appendix J, p. 169). Continual follow-up calls and letters were needed to facilitate the completion of the survey instruments. Further prodding was required to return materials to designated central areas for pick up.

Contacting Schools

Each school that participated was asked at the initial contact to submit an outline of the components, classes, or sessions that constituted their human sexuality

program. This enabled the evaluation of whether the school had a comprehensive or non-comprehensive human sexuality program. Comprehensive human sexuality program, as defined in this dissertation study, has three or more full semesters of classes related to the sexuality of individuals; and non-comprehensive sexuality programs were defined as programs having less than two full semesters of classes related specifically to sexuality of individuals. Overall, the schools were very open and honest about what was available within their curriculum. In some cases, they acknowledged in the beginning that what they had as a sexuality program was inadequate. The schools showed interest and concern about the results of the survey instruments and desired to be informed about the analysis of the data.

Participating Schools

Not all the schools that were approached cared to participate. Out of the 35 schools contacted, 17 expressed interest in being involved. The final number of volunteer schools was 14, with 13 of these returning completed survey materials. Completed surveys did not constitute perfectly intact survey instruments. The 13 volunteer schools may be considered a sample of convenience because of the possibility that only schools that thought they had nothing to hide would participate. This may be true and is considered a limitation of the study.

Non-Participanting Schools

The schools that did not participate expressed hesitancy for a number of reasons; e.g., lack of time; against school policy; inconvenience to the students, teachers, and administrators; considered not important at this time; did not have a program; would like to but school administrators would not approve; interested but could not fit it into the school schedule. It was amazing that four schools, considered by their diocesan representatives as having outstanding sexuality programs, declined to participate. The ratio of all-male schools to all-female schools showed a consistent rate statewide; e.g., six all-female schools to one all-male school.

Coding

Coding of the materials began with students' use of their first initial and birth date on the various segments of the survey. The confidentiality and anonymity of both the students and schools were observed according to the mandates of the protection of human subjects requirements. The students were informed, both in written form and verbally, that it was their choice to participate in the survey.

Each of the schools was given a specific code upon return of the completed survey materials which were handled by the researcher only. No other person had access to this information.

Once the survey instruments were collected from the schools, the materials had to be collated. Since the students took the surveys on different days, usually consecutively, the materials were out of order and needed to be matched by code. Most schools did not do the matching by student code, first initial and birthday. This needed to be done first in order to assess how many survey instruments were complete. After the instruments were sorted by student code, the school was given a code number, and each piece of material was coded by school and numbered. All the completed sets of survey instruments were coded and numbered as well as incomplete sets of survey instruments and additional pieces of survey materials. This was done in order to collect as much salvageable data as possible.

Of the 35 schools contacted, 14 of these completed the survey, and 13 submitted all the survey materials for data analysis. The 14th school lost the survey materials in house.

Data Analysis

The data analysis was run using the SPSSx program. Descriptive statistics were calculated for each variable. Hypotheses I through VI were tested using an ANOVA design. Relationships between the dependent variables were calculated using a correlation matrix. Additional *t*-test analyses of the independent variables, sex (i.e., female versus male), and influence of religion on behavior, were

done along with the independent variables of comprehensive versus non-comprehensive sexuality programs. The qualitative analysis of the values survey was converted into quantitative data for the purpose of analysis.

The independent variable of major concern was the length of the human sexuality program and whether or not the program complied with the definition set forth as constituting a comprehensive sexuality program. Comprehensive sexuality program was defined as containing three or more semesters of classes related to the sexuality of individuals. The additional variables of concern were sex, female versus male, and the influence of religion upon sexual attitudes, in testing the stated hypotheses.

Assumptions and Limitations

Assumptions

The assumptions of this research project were that the students who did participate did so honestly when responding to the survey instruments, and that the instruments were sensitive enough to pick up any discrepancies that existed.

Limitations

The limitations of the research study are the confounding variables such as syllabus used or not used, teacher knowledge of subject areas, teacher comfort with subject matter, parental influence, classroom environment,

peer pressure, administration, and faculty and community attitudes supporting human sexuality programs.

Due to the climate in the Catholic schools and their concern about the topic of sexuality, a limitation could be that the only schools that agreed to have the survey given to their 12th-grade students were the ones that were already doing a better-than-average job in training their students.

In spite of potential limitations within the research study, the importance of validating comprehensive human sexuality programs as effective in conveying Positive Sexual Attitudes, Catholic Church Values, and general Biological Knowledge in Catholic secondary schools is not to be gainsaid.

CHAPTER FOUR

DATA ANALYSIS

The purpose of this investigation was to determine whether comprehensive or non-comprehensive human sexuality programs in Catholic secondary school had an effect upon students' knowledge, attitudes, and values regarding sex and sexuality. The investigation also evaluated the effect that participation in a comprehensive or non-comprehensive human sexuality program had upon students' awareness of and integration with Catholic values.

Comprehensive human sexuality programs were defined as those containing three or more full semesters of classes related to sex and sexuality. Non-comprehensive human sexuality programs were defined as those containing fewer than two full semesters of classes related to sex and sexuality.

Six hypotheses were identified to facilitate reporting the effect of comprehensive and non-comprehensive human sexuality programs upon students' knowledge, attitudes, and values. Seven research questions also addressed specific issues noted in the literature as well as in the past experience of the researcher. A quantitative methodology was used to analyze the gathered data.

The demographic profile of the survey instrument supplied two more variables for additional data analysis. Thirty-five Catholic secondary schools throughout the state of California were solicited to participate in the research study. Of these, 14 schools volunteered but only 13 completed the survey instruments.

Population Data

The population included both males and females, ages 15 to 19 years of age, all seniors from Catholic secondary schools. The largest percentage of the student population who reported age was the 17-year-old group. The 18 year olds, the second largest group, had about half as many as the 17 year olds. The absolute accuracy of these percentages is open to question since 14.2% of the student population failed to report age (see Table 1, p. 41).

The total population from the 13 Catholic secondary schools was 1,555. Of the total, 174 or 11.2% of the population, failed to report gender. Of those who did report, male students accounted for 27.8% and females 60.8% (see Table 2).

Site Data

The schools were categorized as comprehensive or non-comprehensive according to curriculum information supplied by faculty representatives of the volunteer school. Those schools that fulfilled the appropriate definition for

Table 2

Male to Female Population

	Males		Females	
School	N	%	N	%
1	27	1.8	39	2.5
2	93	6.0	110	7.1
3	117	7.5	92	5.9
4	-	-	60	3.9
5	48	3.1	53	3.4
6	-	-	58	3.7
7	-	-	80	5.1
8	45	2.9	42	2.7
9	-	-	78	5.1
10	-	-	112	7.2
11	31	2.0	-	-
12	-	-	111	7.1
13	70	4.5	110	7.1
Total	431	27.8	945	60.8

Missing gender data 174 = 11.2%

comprehensive and non-comprehensive human sexuality programs, with classes containing human sexuality components, were then classified and coded. Five schools qualified as having comprehensive human sexuality programs; the remaining eight schools qualified as having non-comprehensive human sexuality programs. The comparison of student population in comprehensive human sexuality programs versus students in non-comprehensive programs is shown in Table 3.

The demographic segment of the survey instrument supplied additional information concerning the Catholic secondary school classification as being coed and non-coed (see Table 4).

Table 3

Population of Students in Comprehensive to Non-Comprehensive Programs

	N	%
Comprehensive Program	834	53.6
Non-Comprehensive Program	719	46.2
Error	2	.1
Total	1,555	99.9

Table 4

Coed to Non-Coed Schools

	N	%
Coed	956	61.5
Non-Coed	599	38.5
Total	1,555	100.0

Demographic Data

The demographic profile segment contributed information for the additional variables to be used in this research study. Students were requested to respond to various questions concerning their school, family, religion, sources of sex information, and race/national origin (see Appendix G, p. 161).

School

Students were asked if they liked school. They responded: not at all, 3.6%; little, 12.0%; average, 41.2%; quite a bit, 22.8%; very much, 6.4%. Fourteen percent of the subjects did not respond to the question. Then the subjects were asked to describe their academic performance. Seventeen percent listed themselves as A students; 46% as B students; 22% as C students; .5% as D students; and .5% as F students. Fourteen percent of the population did not respond to the question. This was one of several areas in

which students' frankness was illustrated. It was assumed that they might represent themselves more favorably, but their apparent candor pointed to a certain reliability and desire to cooperate.

Home Environment

The demographic profile elicited with whom the students lived. The highest frequency (63.7%) was "with both parents" (see Table 5). Fourteen percent of the

Table 5

Home Life Environment

	N	%
Both Parents	991	63.7
Father Only	43	2.8
Mother Only	180	11.6
Other Relatives	13	.8
Guardian	7	.5
Father and Stepmother	18	1.2
Mother and Stepfather	73	4.7
Other	12	.8
Not Specified	217	14.0
Total	1,554	100.1

students omitted to answer the question. This suggested that they may have had living situations that were too complicated to be described within the profile.

Religion

The highest percentage in the category of religious affiliation was Catholic. Typical Catholic school populations include 15 to 20% non-Catholic students who attend because these are viewed as private schools with educational benefits (see Table 6).

Frequency of attendance at religious services was also asked of the students. The ranking scale was: never, very seldom, occasionally, frequently, and very frequently. About 20% of the population indicated that they attend religious services very seldom and another 19%, occasionally. Very frequent attendance was reported by slightly greater than 18%. The assumption would have been that at least the Catholic students, representing nearly 68% of the population, would have presented themselves in the most positive light by answering that they very frequently attended. Once again, the candor of student response supported the reliability of the questionnaire (see Table 7).

Religious Influence

Fourteen percent of the population omitted to respond to the question regarding the influence of religion on behavior. A list of the percentages (see Table 8)

Table 6

Religious Affiliation

	N	%
None	106	6.8
Catholic	1,052	67.7
Jewish	10	.6
Protestant	66	4.2
Other	103	6.6
Missing Data	218	14.0
Total	1,555	99.9

Table 7

Religious Attendance

	N	%
Never Attend	83	5.3
Very Seldom Attend	318	20.5
Occasionally Attend	295	19.0
Frequently Attend	199	12.8
Very Frequently Attend	288	18.5
Missing Data	372	23.9
Total	1,555	100.0

Table 8

Religious Influence on Behavior

	N	%
Not at All	130	8.4
Very Little	259	16.7
Some	492	31.6
Usually	320	20.6
Strongly	135	8.7
Missing Data	219	14.1
Total	1,555	100.1

spanning "not at all" through "strongly" produced a nearly bell-shaped curve. This meant that a majority of the students, and more than 100% in excess of those not responding, considered religion to have "some" influence on behavior. Data from this segment of the demographic profile were used as an independent variable in three areas of the analysis.

Of the 14 listed categories, the three most influential sources of subjects' sex information were: friends, about 57%; school, about 39%; and parents, about 25%. These same percentages were reflected in the literature (Leo, 1986; Gasiorowski, 1988). Categories that received the lowest response were church/church youth groups and father

(see Table 9). This information concurs with findings in current literature (Gasiorowski, 1988).

The rating of satisfaction with the quality of sex information received from home, school, church, and peers revealed that satisfaction was highest with school and with peers. Home was rated average, and church information ranked lowest in quality. An average of 34% of the population did not respond (see Table 10, p. 68).

Satisfaction with the amount of sex education given was ranked on a five-point scale. About half of the population showed relatively high satisfaction with the amount of sex education and more than 20% indicated complete satisfaction (see Table 11).

Students identified grade levels in which human sexuality was discussed. Ninth grade ranked highest, with 12th grade placing second. This was fairly consistent with sex education curricula throughout the nation.

Ethnicity

The race/national origin percentages reflected the typical population of Catholic schools where tuition and location affect attendance decisions by minorities. This accounted for the low representation of Latinos, Asians, and Blacks in the sample population compared with a higher representation throughout the state of California (see Table 12, p. 69).

Table 9

Sex Information Source

	Yes		No	
	N	%	N	%
Parents	394	25.3	943	60.6
Mother	365	23.5	973	62.6
Father	70	4.5	1,267	81.5
Adult Brother or Sister	120	7.7	1,216	78.2
Adult Friend	173	11.1	1,165	74.9
School Human Sexuality Program	611	39.3	727	46.8
Church or Youth Group Instruction	37	2.4	1,300	83.6
Reading	330	21.2	1,010	65.0
TV/Entertainment Movies	337	21.7	1,001	64.4
Friends My Own Age	891	57.3	450	28.9
Dating Partner	271	17.4	1,068	68.7
Brother or Sister Under 21 Years	85	5.5	1,252	80.5
Experience or Observation	425	27.3	913	58.7
Other	47	3.0	1,292	83.0
Missing Data	215	13.0	-	-

Student Totals for all Questions N = 1,555 % = 100.0

Table 10

Rating of Satisfaction With Information

	Home		School		Church		Peers	
	N	%	N	%	N	%	N	%
Excellent	203	13.1	234	15.0	19	1.2	248	15.9
Good	320	20.6	567	36.5	89	5.7	485	31.2
Average	332	21.4	296	19.0	252	16.2	294	18.9
Poor	201	12.9	70	4.5	427	27.5	68	4.4
Inaccurate	32	2.1	10	.6	165	10.6	23	1.5
Missing Data	467	30.0	378	38.8	603	38.8	437	28.1

Table 11

Satisfaction With Sexuality Courses

	N	%
Not at All	6	.4
Little	28	1.8
Average	174	11.2
Pretty Well	786	50.5
Completely	319	20.5
Missing Data	242	15.6
Total	1,555	100.0

Table 12

Ethnicity

	N	%
White, Not Hispanic	720	46.3
Black, Not Hispanic	48	3.1
American Indian, Alaskan	16	1.0
Pacific Islander	28	1.8
Hispanic	244	15.7
Other	78	5.0
Filipino	85	5.5
Korean	11	.7
Vietnamese	4	.3
Chinese	32	2.1
Japanese	2	.1
Unstated	285	18.3
	1,553	99.9%

The demographic profile was designed to yield considerable information. Though not all of it was used herein, the gathered information provided a framework for future work in the field of human sexuality and also a reference for replication of the study. Access to the school populations warranted gathering the additional information for continued research.

Positive Sexual Attitudes

The Positive Sexual Attitudes (PSA) instrument was developed with the assistance of a committee of experts in the field of counseling, sex therapy, and sex education. The instrument contained 24 statements divided equally as to positive and negative attitude statements. Students graded the statements according to a Likert scale of agree, disagree, or uncertain. In order to counteract undue influence upon student response, the committee of experts changed the title of Positive Sexual Attitudes to High School Survey.

The first statement of the PSA instrument read, "Sex is necessary." The positive attitude answer would be, "agree." The responses read, 43.6% agree, 28.3% disagree, and 13.8% uncertain about the statement. The variation in response suggests misunderstanding of the implicit meaning of the statement. Clarification of the statement as to whether sex is intended for procreation or for pleasure or both is needed.

The PSA revealed a number of areas that should be considered in future curriculum development. The mean out of a possible total of 72 points was 63.66 with a standard deviation of 4.417. The range of the total Positive Sexual Attitudes scores for the student population is shown in Table 13. To determine if this mean is a typical score for adolescents, further research on the instrument is needed.

Three specific statements in the PSA instrument, two involving masturbation and one involving pornography, showed a high percentage of student responses different from the answers considered correct by the consultants. Those responses that the consultants considered consistent with Positive Sexual Attitudes are shown in Appendix B (p. 144).

Of the two statements concerned with masturbation, one was, "Masturbation is a good practice for releasing tension." The students' responses were 44.2% disagree with consultants, 32% uncertain, and 9.5% agree.

Student responses were consistent with Catholic Church Teaching concerning masturbation. They responded negatively, probably because they thought they should, in the light of Catholic Church Teaching that masturbation is wrong as a general practice. "The Magesterium of the Church -- in the course of a constant tradition -- and the moral sense of the faithful have declared without hesitation that masturbation is an intrinsically and seriously disordered act" (No. 9 Declaration on Certain Questions Concerning

Table 13

Positive Sexual Attitudes Range of Scores

Range	Score	N	%
Undecided	38	1	.1
	43	1	.1
	45	1	.1
	47	1	.1
	48	2	.1
	49	1	.1
Somewhat Positive	51	2	.1
	52	10	.6
	53	9	.6
	54	12	.8
	55	16	1.0
	56	27	1.7
	57	29	1.9
	58	44	2.8
	59	56	3.6
Highly Positive	60	73	4.7
	61	74	4.8
	62	116	7.5
	63	108	6.9
	64	132	8.5
	65	115	7.4
	66	117	7.5
	67	112	7.2
	68	97	6.2
	69	66	4.2
	70	49	3.2
	71	25	1.6
	72	14	.9
Unstated	99	244	15.7

Possible Score = 72
Median = 64.00
Mean = 63.66
S.D. = 4.42

Sexual Ethics, December 29, 1975, Sacred Congregation for the Doctrine of the Faith). According to current literature, students find it difficult to be open about this topic because of negative or mixed emotions about masturbation in general (Hass, 1979).

The second statement was, "It is wrong for girls to masturbate." The positive attitudes response would be "disagree." This statement was answered with mixed responses. The students answered 41.4% agree with the positive attitudes response, 26.7% uncertain, and 17.2% disagreed. The large population of females, more than twice that of males, may have contributed to the response which was a contradiction of the stated Catholic Church Teaching on masturbation. Maybe the feminist movement, or a mind set that allows females to admit to masturbating, influenced the response.

The third statement concerned pornography. The statement read, "It would be sick to watch pornography (films) as part of my sexual arousal." The positive attitude answer would be, "disagree." The students' responses were 37.2% disagree with the positive attitudes response, 27.1% agree, and 21.1% were uncertain about the statement. Again, this is something that students would not care to admit openly, yet they may still view adult video tapes.

The remaining statements, for the most part, reflected Positive Sexual Attitudes of the students.

Missing data accounted for 15.7% of the population, or 244 cases.

Values Survey

Four open-ended scenarios were developed by the researcher for the Values Survey. The topics covered within each scenario were premarital sex, homosexuality, virginity, and abortion (see Appendix H, p. 164). Each of the scenarios incorporated Catholic Church Teachings, Catholic Church Values, and Social Values; i.e., currently accepted social values. Qualitative responses were judged on the following scale: full awareness, in accordance, or integration, three points; partial awareness, in accordance, or integration, two points; little or no awareness, in accordance or integration, one point (see Table 14).

Catholic Church Teaching

The mean for Catholic Church Teachings, out of a possible 12 points, was 8.93 with the standard deviation of 1.90. This showed an awareness of Catholic Church Teachings on premarital sex, homosexuality, virginity, and abortion. Missing data accounted for 30.6% or 472 cases out of the population of 1,555 (see Table 14).

The high percentage of unanswered responses could be attributed to students' lack of awareness, desiring not to show ignorance of Catholic Church Teachings, or because they

Table 14

Values Survey Results

	Possible Score	Mean
Catholic Church Teachings		
Total	12	
Premarital Sex	3	2.506
Homosexuality	3	1.421
Virginity	3	2.480
Abortion	3	2.481
Mean = 8.93		
S.D. = 1.90		
Missing Response = 476 (30.6%)		
Catholic Church Values		
Total	12	
Premarital Sex	3	1.879
Homosexuality	3	1.675
Virginity	3	1.586
Abortion	3	1.774
Mean = 6.92		
S.D. = 2.08		
Missing Response = 307 (19.7%)		
Social Values		
Total	12	
Premarital Sex	3	1.904
Homosexuality	3	1.694
Virginity	3	2.039
Abortion	3	2.099
Mean = 7.76		
S.D. = 2.12		
Missing Response = 307 (19.7%)		

were not Catholic and did not consider themselves knowledgeable enough to respond.

Catholic Church Values

The mean average for Catholic Church Values, out of a possible 12 points, was 6.92 with a standard deviation of 2.08. Missing data accounted for 19.7% or 307 cases out of a population of 1,555 (see Table 14, p. 75).

These results indicated low integration of Catholic Church Values. Among the three categories, Catholic Church Teachings, Catholic Church Values, and Social Values, integration of Catholic Church Values showed the lowest mean. This could be a reflection of low religious service attendance, as indicated by students, where there can be reinforcement of Catholic Church Values. Religion curriculum development must provide opportunity for thorough knowledge and heightened awareness of the values espoused by the Catholic Church.

Social Values

The mean for current Social Values, out of a possible 12 points, was 7.76 with a standard deviation of 2.12. Missing data accounted for 19.7% of 307 cases out of a population of 1,555 (see Table 14, p. 75).

Responses to this segment of the scenarios showed a significantly higher integration of Social Values than of Catholic Church Values. This could be a reflection of

students' feeling more comfortable acknowledging current value trends in society rather than Catholic Church Values. Expressing differences of opinion with Catholic Church Values is a way of showing individuality, a sense of rebellion, against the authority of the family or the Church or tradition.

Biological Knowledge

The Biological Knowledge segment of the survey was a multiple choice, standardized test of 50 questions obtained with the permission of Times Mirror/Mosby College Publishing. The questionnaire contained Biological Knowledge questions of varying degrees of difficulty. Topic areas spanned general anatomy, male and female reproductive systems, masturbation, puberty, contraceptive methods, pregnancy, abortion, STD's, and AIDS (see Appendix D, p. 158).

Out of a population of 1,555 subjects, 857 cases or 55.1% were tallied and 698 cases or 44.9% accounted for the missing data. The principal reason for the large amount of missing data was that one diocese elected not to administer this segment of the instrument. They considered some of the questions too specific and explicit for the students. Instructional errors also accounted for some of the missing data.

Of the 50 points possible, the average was 26.89, with a standard deviation of 5.86. The demonstrated lack of Biological Knowledge could be attributed to students'

forgetting material taught them in the ninth grade when lack of interest and lack of maturity run high. Additionally, the material on the test may not have been included in their specific human sexuality curriculum at their schools. Investigation of curriculum guides could provide some answers.

Hypotheses

Six hypotheses to be tested were developed for this research study. The independent variables were the type of sex education program, sex, and perception of religious influence on student behavior. The dependent variables were Positive Sexual Attitudes, Catholic Church Teachings, Catholic Church Values, Social Values, and Biological Knowledge. Lack of available research made it impossible to pose directional hypotheses; therefore, these were stated in the null. Data analysis was done using a three-way ANOVA design where sex and religious influence on student behavior were added as independent variables.

In order to report the findings of the analysis in a logical manner, each hypothesis is reviewed, a summary of the data results presented, followed by initial discussion of results.

Hypothesis I

Catholic secondary school students participating in a comprehensive human sexuality program will show no difference in positive attitude toward their own sexuality

compared with students in non-comprehensive human sexuality programs.

A significant difference between comprehensive and non-comprehensive programs was indicated by results of the analysis of variance, $F = 8.75$, $p = .003$. The mean attitude score of comprehensive programs was 64.78 and for non-comprehensive programs was 63.73.

Although the null hypothesis was rejected, the actual score differences between students in comprehensive programs and non-comprehensive programs was about one point. This small difference suggests that the extra time spent in comprehensive programs may not be warranted.

Additionally, the independent variable of sex was added for analysis. There was a significant differences in Positive Sexual Attitudes scores, $F = 8.75$, $p = .003$. Females scored higher, 64.78, than males, 64.28, in Positive Sexual Attitudes. In spite of the significant difference, the limited practical effect would not warrant a change in the present curriculum.

Hypothesis IIA

Catholic secondary school students participating in comprehensive human sexuality programs will show no difference in knowledge of Catholic Church Teachings compared with students in non-comprehensive sexuality programs.

There was no significant difference between comprehensive and non-comprehensive programs on Catholic Church

Teachings as indicated by the results of the analysis of the variance, $F = .032$, $p = .859$. The null hypothesis was retained.

Hypothesis IIB

There is no difference by sex in knowledge of Catholic Church Teaching.

There was a significant difference between males and females on Catholic Church Teachings scores as indicated by results of the analysis of variance, $F = 13.34$, $p < .001$. The mean Catholic Church Teachings score was 8.93 out of a possible total score of 12. Females' mean score was higher, 9.16, as opposed to males' mean score of 8.33. The null hypothesis was rejected. Females appeared to be more likely to participate in religious education and to reflect Catholic Church Teachings as being socially acceptable.

Hypothesis IIC

There is no difference by perception of religious influence on student behavior in knowledge of Catholic Church Teachings.

A significant difference due to perception of religious influence on student behavior was indicated by the results of the analysis of variance, $F = 5.12$, $p < .001$. The mean for Catholic Church Teachings was 8.93 out of a possible score of 12. The null hypothesis was rejected.

A Tukey-Kramer post hoc comparison test was done to pick up the actual differences between groups after a significant main effect was determined by analysis of variance. The results of the Tukey-Kramer test of post hoc comparisons indicated the following differences: Group 1 was significantly different from Groups 3, 4, and 5. Group 1 was significantly lower in Catholic Church Teachings than Groups 3, 4, and 5 (see Table 15). Group 2 was significantly different from Group 4. It appears that students within the categories of "some," "usually," and, "strongly" perceptions of religious influences upon their behavior scored higher in Catholic Church Teachings. An average or above-average perception of religious influence fostered better awareness of Catholic Church Teachings.

Table 15

Religious Belief Influence on Catholic Church Teaching

	Tukey-Kramer Post Hoc Comparison Test				
Group	1 Not at All	2 Very Little	3 Some	4 Usually	5 Strongly
Mean	8.4	8.52	9.01	9.44	9.10
N	53	108	201	126	63

Possible Score = 12
$F = 5.124$
$p < .001$

There were no significant two-way interactions. Two-way interactions show relationship between two entities; e.g., males/comprehensive program; females/non-comprehensive program; etc. The three-way interaction was significant, $F = 3.98$, $p = .008$, but further analysis revealed no consistent findings in how sex and comprehensive or non-comprehensive programs affected religious influence upon behavior scores. There was no direct application of this finding to curriculum development.

The mean for total Catholic Church Teachings out of a possible 12 was 8.93. This could mean that all Catholic secondary school students do have some exposure to Catholic Church Teachings from the school curriculum.

Hypothesis IIIA

Catholic secondary school students participating in comprehensive human sexuality programs will express no difference in support and integration of values of the Catholic Church compared with students in non-comprehensive human sexuality programs.

A non-significant difference by program was indicated by results of the analysis of the variance, $F = .029$, $p = .865$. Out of a possible 12 points, the mean was 6.92, with the standard deviation of 2.08. The null hypothesis was retained. Comprehensive programs scored lower than non-comprehensive programs in the integration of Catholic Church

Values. This raised the question as to whether comprehensive programs are really comprehensive.

Hypothesis IIIB

There is no difference by sex in support and integration of values of the Catholic Church.

There was a significant difference between males and females as indicated by results of the analysis of the variance, $F = 34.85$, $p < .001$. Females scored much higher, 7.16, than males, 5.83, out of a possible score of 12.

The null hypothesis was thus rejected. The significant difference warrants consideration of other possible factors, such as maturity levels of males and females. Males appear to be more influenced by peer pressure (Hass, 1979) and Social Values than by Catholic Church Values. In spite of the feminist movement, females openly admit support of Catholic Church Values, but they may be more liberal in interpreting and living out these values.

Hypothesis IIIC

There is no difference by perception of religious influence upon student behavior in support and integration of values of the Catholic Church.

There was a significant difference in perception of religious influence upon student behavior as indicated by the results of the analysis of variance, $F = 29.23$,

$p < .001$. The mean for Catholic Church Values was 6.92 out of a possible 12. The null hypothesis was rejected.

A Tukey-Kramer post hoc comparison test was done to pick up the actual differences between groups after a significant main effect was determined by analysis of variance. The results of the Tukey-Kramer post hoc analysis of differences showed: Group 1, significantly different from Groups 3, 4, and 5; Group 2, significantly different from Groups 3, 4, and 5; and Group 3, significantly different from Groups 4 and 5 (see Table 16). In other words, Groups 4 and 5 were significantly higher in Catholic Church Values than the other groups. This indicates that students within categories of, "usually influenced" and, "strongly

Table 16

Religious Belief Influence on Catholic Church Values

Tukey-Kramer Post Hoc Comparison Test					
Group	1 Not at All	2 Very Little	3 Some	4 Usually	5 Strongly
Mean	5.53	5.81	6.59	7.64	8.46
N	53	108	201	126	63

Possible Score = 12
$F = 29.237$
$p < .001$

influenced" were much higher in integration of Catholic Church Values than students in the categories of lesser influence. This may reflect the curriculum of particular schools or dioceses. Therefore, students who are influenced by religion appear to incorporate Catholic Church Values into their thinking. Other factors such as the family undoubtedly have bearing on religious influence such that students were reflecting the parents' values. Students may not yet have differentiated their values from those of their parents on the religious level; i.e., they may not have assumed Catholic Church Values for themselves. None of the interactions were significant in integration of Catholic Church Values.

Hypothesis IVA

Catholic secondary school students participating in comprehensive human sexuality programs will show the same degree of integration of social values in solving problems as students in non-comprehensive human sexual programs.

A non-significant difference between comprehensive and non-comprehensive programs was indicated by results of the analysis of the variance, $F = .718$, $p = .397$. The mean for Social Values was 7.76 out of a possible score of 12. This was significantly higher than Catholic Church Values, 6.92. The higher scores for Social Values may be the effect of continued peer pressure together with indoctrination by the media of considered social norms in society. Both

factors appear to play a recurrent role in adolescent development as suggested in current literature.

The null hypothesis was retained because of the non-significant difference between comprehensive and non-comprehensive programs.

Hypothesis IVB

There is no difference by sex in the degree of integration of Social Values in solving problems.

There was a significant difference between males and females on Social Values as indicated by results of the analysis of variance, $F = 23.17$, $p < .001$. The mean Social Values score was 7.76 out of a possible score of 12. Males scored much higher, 8.74, than females, 7.55, in Social Values. This indicates the pattern that if a person is high in Catholic Church Values, he/she could not also be high in Social Values, unless there was a flaw in the instrument design. However, the instrument was proven reliable within the study.

The null hypothesis was rejected. The significant difference between the male and female scores could possibly signify the need to develop curriculum that would accommodate the unequal maturation levels of both males and females. Teachers are an important factor to be considered. Both male and female perspectives need to be presented. Males seem to have been given societal as well as religious permission, at times, to depart from traditional values. An

example of this would be the double standard that exists for males and females with regard to sexual activity. The attitude of society is that males "need" sex or are more helpless in the face of sexual arousal. Such sentiments are commonplace in today's media. Female social values, on the other hand, are still linked with more conservative tradition. A salient point is whether the Catholic Church reflects society's attitude about the sexual needs of males.

Hypothesis IVC

There is no difference by perception of religious influence on student behavior in the degree of integration of Social Values in solving problems.

There was a significant difference due to religious influence upon behavior in the degree of integration of Social Values indicated by the results of the analysis of the variance, $F = 24.26$, $p < .001$. The mean for Social Values was 7.76 out of a possible score of 12.

A Tukey-Kramer post hoc comparison test was done to pick up the actual differences between groups after a significant main effect was determined by analysis of variance. The results of the Tukey-Kramer post hoc analysis of differences showed: Group 5, significantly different from Groups 1, 2, and 3; Group 4, significantly different from Groups 1, 2, and 3; Group 3, significantly different from Groups 1 and 2 (see Table 17). Groups 4 and 5 were significantly lower in Social Values than the other groups.

Table 17

Religious Belief Influence on Social Values

Tukey-Kramer Post Hoc Comparison Test					
Group	1 Not at All	2 Very Little	3 Some	4 Usually	5 Strongly
Mean	8.92	8.88	8.06	7.02	6.35
N	53	108	201	126	63

Possible Score = 12
$F = 24.261$
$p < .001$

Categories with lesser religious influence on behavior had the highest scores of Social Values integration, whereas the categories with the highest religious influence scored lowest in Social Values. What this appears to indicate is that students with higher Social Values are less influenced by religious beliefs. According to the American Academy of Pediatrics News, April 1990, the media have a dramatic influence on the adolescent. In addition, curriculum development espousing personal values for the adolescent is sorely lacking (Woodward, 1990). A further possibility is that religious beliefs may be presented outside the framework of social values. Is it that sexual social values have been taught in isolation from traditional Catholic

Church values? If so, this is a deficiency in the program curriculum development itself.

There were no significant interactions concerning the degree of integration of Social Values in solving problems.

Hypothesis V

Catholic secondary school students participating in comprehensive human sexuality programs will show no difference in Biological Knowledge of the human body on a written test from students in non-comprehensive programs.

A significant difference between comprehensive and non-comprehensive programs was indicated by results of the analysis of variance, $F = 16.56$, $p < .001$. The mean Biological Knowledge score of comprehensive programs was 27.88, and for non-comprehensive programs, 26.05, for the sample population. Students in comprehensive programs scored significantly higher in Biological Knowledge than students in non-comprehensive programs. The weighted mean score for the total population was 26.99 out of a possible score of 50.

Although the null hypothesis was rejected, the actual score differences between students in comprehensive programs and non-comprehensive programs was about one point. This small difference may not warrant the extra time and effort required for a comprehensive program.

Additionally, the independent variables of sex and religious influence upon student behavior were added to the

analysis. There was a significant difference in sex in the analysis of variance for Biological Knowledge, $F = 7.050$, $p = .008$. Females scored higher, 27.48, in Biological Knowledge than males, 26.43, out of a possible total score of 50. No significant difference was found in religious influence on behavior on scores in Biological Knowledge. The difference found was not significant at the $p = .05$ level but would be at $p < .1$. Curriculum or course of study within the school, but not made available for the study, could be a possible explanation.

No significant difference was found for the interactions, as indicated from the analysis of the variance. Even though the interactions were not significant, there was a difference in the scores of males in comprehensive programs, 26.80, to males in non-comprehensive programs, 25.12. The same held true for females in comprehensive programs, 28.44, to females in non-comprehensive programs, 26.23. Overall, females in comprehensive programs scored the highest and males in non-comprehensive programs scored the lowest (see Table 18). The imbalance of twice as many females as males in the population sample may account for some of the results which favor females over males in the analysis. The difference in the maturation level between females and males is another consideration that needs to be addressed in curriculum development. Females in this study appear to be conscientious students who have better memories about

Biological Knowledge than their male counterparts. The fact that females have a more complex sexual anatomy than males may influence their memory of human biology. Menstruation, for example, intimately involves females with their own sexual biology. The likelihood of pregnancy as a result of sexual activity could also stimulate the female memory to a better awareness and comprehension of human anatomy and biology.

Table 18

Biological Knowledge: Males and Females by Program

	Males	Females
Comprehensive	26.80	28.44
Non-Comprehensive	25.12	26.23

Possible Total Score = 50

Hypothesis VI

There is no significant relationship between the dependent variables investigated in this study.

A correlation matrix was run between the dependent variables of Positive Sexual Attitudes (PSA), Catholic Church Teachings, Catholic Church Values, Social Values, and Biological Knowledge as shown in Table 19.

Table 19

Correlation Matrix of Dependent Measures

	Positive Sexual Attitudes	Catholic Church Teachings	Catholic Church Values	Social Values	Biological Knowledge
Positive Sexual Attitudes	1.000	.0147	-.1458***	.1493***	.1949***
Catholic Church Teaching	.0147	1.000	.2860***	-.1415***	.2038***
Catholic Church Values	-.1458***	.2860***	1.000	-.7833***	.0933**
Social Values	.1493***	-.1415***	-.7833***	1.000	-.0062
Biological Knowledge	.1949***	.2038***	.0933**	-.0062	1.000

* $p < .05$
** $p < .01$
***$p < .001$

Positive Sexual Attitudes (PSA)

As indicated in Table 19, a number of significant correlations were found. Positive Sexual Attitudes scores were negatively correlated with Catholic Church Values scores. This seemed to indicate that students with high Positive Sexual Attitudes have a lower integration of Catholic Church Values. This led into the question of whether persons with strong religious convictions could not have Positive Sexual Attitudes about themselves. Could this be the effect of specific guidelines of certain dioceses, or the possible home environmental influence about pre-Vatican II teachings?

The PSA scores were significantly different when correlated with Social Values scores (see Table 19, p. 92). This indicated that the more Positive Sexual Attitudes a person had, the higher the integration of Social Values. Could this be that sexual Social Values have been taught in isolation from traditional Catholic Church Values? Perhaps there is a deficiency in the program or in curriculum development itself. If so, program and curriculum revisions are of the essence. The influence exerted on students by the media cannot be overlooked as a powerful source of information that may not have been addressed in programs of instruction.

The PSA scores had a significant difference when correlated with Biological Knowledge (see Table 19, p. 92).

This indicated that the higher the Positive Sexual Attitudes score the greater the Biological Knowledge score. Students who had a higher score in Positive Sexual Attitudes tended to remember more about their bodies. Being aware of how their body functions contributed to a greater understanding of their sexuality and therefore to higher scores in Positive Sexual Attitudes. Both of these areas show a hand-in-hand relationship, one contributing to the other's scores.

Catholic Church Teachings

Catholic Church Teachings scores had a significant difference when correlated with the Catholic Church Values (see Table 19, p. 92). This indicated that awareness of Catholic Church Teachings fosters integration of Catholic Church Values. Students attending Catholic schools would be exposed to Catholic Church Teachings throughout their school experience. This exposure, as well as parents' endorsement of Catholic Church Teachings, could tend to increase the integration of Catholic Church Values.

The correlation of Catholic Church Teachings scores with Social Values had a negative significant difference. This indicated that the greater the awareness of Catholic Church Teachings the lower the integration of Social Values. Students who had a greater awareness of Catholic Church Teachings were less likely to reflect higher integration of Social Values. This could be attributed to the school curriculum and also to the imbalance of female to male

population in a two-to-one ratio. Females, according to current literature, have a maturation advantage, enabling them to discern and retain information to a greater extent than males.

The correlation of Catholic Church Teachings with Biological Knowledge had a significant difference (see Table 19, p. 92). This indicated that awareness of Catholic Church Teachings appears to influence higher Biological Knowledge. Both Catholic Church Teachings and Biological Knowledge are structured and, therefore, appear to be straight forward in rules and guidelines. Students at this level of maturation, though in rebellion at times to authority, respond readily to learning what is structured. The results fortify this observation.

Catholic Church Values

The correlation of Catholic Church Values with PSA had a negative significant difference. This indicated that the higher the integration of Catholic Church Values, the lower the Positive Sexual Attitudes scores. The question here is: Why does having strong religious values tend to reflect lower positive sexual attitudes among students? This could be affected by the curriculum and also by the lack of awareness about self-esteem in connection with sexuality. Poor sexual attitudes in the home environment could also be a factor.

Catholic Church Values showed a significant correlation with Catholic Church Teachings. This could be the result of continued student exposure to Catholic Church Teachings from both the home and the school. Values are integrated by exposure to individuals who subscribe to them.

The correlation of Catholic Church Values with Social Values showed a negative correlation. This indicated that students having more integration of Catholic Church Values could not have, at the same time, high Social Values. This would contradict the instrument design. Both of these values would have been in conflict with the topics presented in the values scenarios.

Catholic Church Values showed a slight difference in correlation with Biological Knowledge. Students who integrated Catholic Church Values reflected some influence in Biological Knowledge. Awareness of the respect for life at all levels of development may have motivated greater awareness of body functions. In both of these areas females scored higher than males. The two-to-one ratio of females to males may have been a contributing factor.

Social Values

Social Values scores were significantly different when correlated with PSA scores (see Table 19, p. 92). The higher integration of Social Values reflected higher Positive Sexual Attitudes in students. The influence of

peer pressure and the medial could be contributing factors that need to be considered in the development of curriculum.

The correlation of Social Values and Catholic Church Teachings showed a negative significant difference. Exposure to the influence of Catholic Church Teachings, plus the support of the home environment, could contribute to a greater awareness of Catholic Church Teachings. This means that students have not incorporated the teachings into their own value system.

Social Values were negatively correlated with Catholic Church Values. The greater the integration of Social Values, the lower the integration of Catholic Church Values. Social Values and Catholic Church Values could not both be reflected in the results without contradicting the instrument design. The topic areas presented in the Values scenarios were there to identify one or the other of the values. These results validated the instrument design.

Biological Knowledge

Biological Knowledge scores had a significant difference when correlated with PSA. This indicated that the greater the Biological Knowledge, the higher the PSA scores. Students' awareness of their own bodies may be attributed to the more Positive Sexual Attitudes. Biological Knowledge appears to support Positive Sexual Attitudes in students.

Biological Knowledge showed a significant difference when correlated with Catholic Church Teachings. The

structured nature of both these areas of learning lends itself to both continuity and sequence. Students at this level of maturation adapt with satisfaction to this framework.

The correlation of Biological Knowledge with Catholic Church Values showed a slight difference. Student awareness of the function and development of the human body could have influenced integration of Catholic Church Values. Again, the larger female population could be a factor.

Table 19 (p. 92) presents the correlation matrix with the significant differences between the dependent variables. While several significant differences were shown, only one came close to 50% of the variation. The Values scenarios aimed to elicit viable student values. This particular coefficient validated the instrument design because students should not have high Catholic Church Values and high Social Values at the same time. This may be due to inconsistencies within diocesan guidelines and school curricula, as well as the maturation levels of the students, and also the imbalance of females to males within the study. Therefore, the null hypotheses was rejected.

Summary

Comprehensive Programs

Comprehensive programs within the various Catholic secondary schools showed no consistency in curriculum development. Each diocese had a set of guidelines to which

schools were supposed to subscribe. Individual schools were expected to develop their own curriculum based on the guidelines. Though individual schools fulfilled the researcher's definition of a comprehensive program, three or more full semesters of classes related to the sexuality of individuals, these developed programs were all quite different.

The differences spanned an enormous range; e.g., content of the program and the variety of materials used; time of year when the courses were given; availability and use of current information; training of the personnel to teach the courses; overall environment that allowed for interaction and discussion of topics; support from parents, faculty, administrators, pastors, and the local community; knowledge of students' maturation level in response to material presented, etc. All of these elements must be considered for a "comprehensive program" to be truly comprehensive. Some schools admitted to having a piecemeal program even with three or more full semesters; yet, student requirements for the development of sexuality programs were to be found in the appropriate literature. The results of the research study were disappointing concerning comprehensive versus non-comprehensive programs.

Three of the null hypotheses involving comprehensive programs were retained in the areas of Catholic Church Teachings, Catholic Church Values, and Social Values. No

significant difference was noted from students participating in comprehensive programs. This suggested wide variation in the quality of the so-called comprehensive programs. Other factors may also have contributed to the results; such as, student lack of effort; giving the survey too close to the end of the school year for seniors; lack of proper instruction on how to respond; students sabotaging the instrument as a sign of rebellion; students fearing to be identified by the administrator of the survey; the possible inadequacy of the instrument itself.

Two hypotheses involving comprehensive programs were rejected. These were in Positive Sexual Attitudes and Biological Knowledge where comprehensive programs seem to be having an effect. The structured mode of biology programs facilitates learning which in turn is satisfying to the student. Satisfaction in acquiring biological knowledge appeared to carry over to Positive Sexual Attitudes. The general effect, however, was quite modest.

Sex

In three of the hypotheses in which sex was added as an independent variable the null was rejected. These areas were Catholic Church Teachings, Catholic Church Values, and Social Values. Sex made a significant difference in the scores. Female scores were higher in Catholic Church Teachings and Catholic Church Values, while males scored higher in Social Values. These results may have reflected the

imbalance of twice as many females as males. The maturation differences between the sexes may have been a factor. The double standard effect on gender was another important point to consider. The feminist movement may also have affected female responses. Males may be expressing more acceptance of female freedom from traditional values as a means of shaking the double standard so prevalent in society. Literature on adolescent development concurs with these possibilities as well as the fact that males are more influenced by their peer group then females. These changing trends need to be considered in curriculum planning.

The independent variable of sex was added to the analysis of the Positive Sexual Attitudes and the Biological Knowledge. The results of the analysis supported the continued trend of females scoring higher than males. Again, this may reflect the maturity of the students at the time. The curriculum itself may also be a factor in this noted trend in scores.

Religious Influence

"Religious belief influences my behavior" was a category in which students graded themselves as being influenced: not at all, very little, some, usually, or strongly. Three hypotheses measured perception of religious influence on students' behavior with respect to Catholic Church Teachings, Catholic Church Values, and Social Values. A significant difference was shown and, therefore, the null

hypotheses were rejected. The analysis showed that the "some" rating of perception of religious influence fostered better awareness of Catholic Church Teachings and higher total scores. The higher scores reflect the fact that Catholic schools consistently present Catholic Church Teachings thus exposing the students to this knowledge throughout their school experience. Another contributing factor to the higher scores may be the Catholic family influence. Student attendance at religious services that reinforce Catholic Church Values also contribute to integration of values.

Higher scores were achieved in the integration of Catholic Church Values where perceptions of religious influence upon behavior were ranked above "some." These scores may reflect particular curriculum development of the dioceses and the schools. Supportive home environment would also contribute to these scores. The more contributing and reinforcing factors involved, the higher the score. This concurs with findings in the literature.

The significant difference found in the integration of Social Values with perception of religious influence upon behavior was noted to be in an inverse relationship. Students with very little or no perception of religious influence upon behavior scored higher in Social Values. Peer pressure and the influence of the media have been seen as contributing to the integration of Social Values. Males

scored higher in Social Values. The maturation level of males needs to be considered as well as the influence of peer pressure. Another consideration could be the limitation of curriculum in the area of value identification and the discernment processes that would help students to develop personal values.

Correlation Matrix

Hypothesis VI looked at relationships between the dependent variables: PSA, Catholic Church Teachings, Catholic Church Values, Social Values, and Biological Knowledge. The highest correlation was between Catholic Church Values and Social Values. The significant negative correlation validated the design. The results showed that high Catholic Church Values and high Social Values could not coexist. In summary, high Catholic Church Values reflected low Social Values, and high Social Values reflected low Catholic Church Values.

Other differences showed that high Positive Sexual Attitudes negatively correlated with Catholic Church Values and positively correlated with Social Values. Catholic Church Teachings was positively correlated with Catholic Church Values and was negatively correlated with Social Values. Higher Positive Sexual Attitudes appeared to foster greater Biological Knowledge. A sense of understanding about the body could help the student to become more aware of its function and thus become more aware of what Catholic

Church Teachings is saying and so adopt Catholic Church Values as their own personal values.

Though the total scores in Biological Knowledge were relatively low, the weighted average being 26.99 out of a possible 50 points, dependent variables other than those cited above appear to have influenced the score.

A question to consider in light of the results would be: If students took three sex classes, would not one expect a greater effect on their behavior, knowledge, and values? The results indicate that either the measurement of knowledge, attitudes, and values was inaccurate or there is a need for the evaluation of sex education curricula.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Human sexuality programs or sex education programs have been controversial for a number of years. The questionable effectiveness of such programs has continued to add to the controversy. The purpose of this study was to determine whether or not human sexuality programs within Catholic secondary schools had an effect upon students' Positive Sexual Attitudes, awareness of Catholic Church Teachings, integration of Catholic Church Values, integration of current Social Values, and Biological Kregarding sex and sexuality.

This study investigated whether comprehensive or non-comprehensive sexuality programs had any bearing upon the students' attitudes, knowledge, and values about sexuality. Comprehensive human sexuality programs were defined as programs containing three or more full semesters of classes related to sex and sexuality. Non-comprehensive human sexuality programs were defined as programs containing fewer than two full semesters of classes related to sex and sexuality. The comprehensive and non-comprehensive

sexuality programs were the independent variables in the investigation.

Six hypothesis were tested to assess the effectiveness of comprehensive human sexuality programs and non-comprehensive human sexuality programs upon the students' attitudes, knowledge, and values. A quantitative methodology was used to assist the researcher in analyzing the survey instrument data gathered. Two additional variables from the demographic profile, sex, and religious influence upon behavior, were utilized for additional data analysis.

Population

The research study took place in four Roman Catholic dioceses in the state of California. Twelfth-grade female and male students were enlisted in the study. The sample population was established at 1,555. Twelfth-grade students were selected because of the following student characteristics: (1) maturation level, (2) involvement in relationships, (3) establishment of self-identity, and (4) physical development. Students made the ultimate decision about participation in the study. Confidentiality and anonymity, according to mandates of the protection of human subjects requirements, were maintained throughout the research study. Selection of a large population was to insure quality research and to dispel negative criticism invited by too small a sample. In addition, it insured a cross-section of the population.

Site

Thirty-five Catholic secondary schools throughout the state of California were solicited for participation in the study. Thirteen Catholic secondary schools volunteered and completed the survey instruments. The participating schools had either comprehensive or non-comprehensive human sexuality programs, as defined. The schools were classified and coded. Five of the schools qualified as having comprehensive human sexuality programs and the remaining eight schools were classified as having non-comprehensive human sexuality programs (see Table 3, p. 60).

Instrument Design

Appropriate instruments were developed by a panel of experts and the researcher to accommodate student age and the subject content to be surveyed (see Appendices B & H, pp. 144 & 164). Only one instrument, the Biological Knowledge standardized test, was obtained from an outside source (see Appendices C & E, pp. 147 & 159).

Administering the Instrument

The survey instruments were administered during the school year 1988-1989. The individual schools selected a time convenient for them. Completed materials were collected, scored, and coded by the researcher. The scoring of the Values survey instruments was verified by a panel of judges (see Appendix H, p. 164).

Data Analysis

The data analysis was run using the SPSSx program. Descriptive statistics were calculated for each variable. Hypotheses I through VI were tested using an ANOVA design. Relationships between the dependent variables were calculated using a correlation matrix (see Table 19, p. 92). Additional *t*-test analyses of variances were done for sex and the influence of religion on behavior, along with the independent variables of comprehensive versus non-comprehensive sexuality programs. The responses to the Values survey were converted into quantitative data for the purpose of analysis (see Table 14, p. 75).

Results

The results of the analysis indicated that comprehensive programs were effective only in the areas of Positive Sexual Attitudes and Biological Knowledge. The total scores were significantly higher than scores in non-comprehensive programs.

The null hypotheses were retained in the areas of Catholic Church Teachings, Catholic Church Values, and Social Values for comprehensive programs. No significant difference in scores vs. noted between students participating in comprehensive and non-comprehensive programs. The results were unexpected since it was anticipated that comprehensive human sexuality programs would have had a greater effect than non-comprehensive programs.

Hypotheses

Hypothesis I

The null hypothesis that students in comprehensive programs would show no difference in Positive Sexual Attitudes scores was rejected. Though the difference was but one point, still there was a difference. Scores for both males and females, 63.73 and 64.78 out of a possible 72 points, were in the range of high Positive Sexual Attitudes.

Hypothesis IIB

The null hypothesis of no difference by sex in knowledge of Catholic Church Teachings was rejected. Females scored higher than males, 9.16 to 8.33, in awareness of Catholic Church Teachings. The mean out of a possible score of 12 was 8.73.

Hypothesis IIC

The null hypothesis of no difference by perception of religious influence on student behavior in knowledge of Catholic Church Teachings was rejected. Students who considered themselves to have perceptions of "some" to "strong" religious influence upon behavior scored higher in awareness of Catholic Church Teachings (see Table 15, p. 81).

Hypothesis IIIB

The null hypothesis of no difference by sex in the integration of Catholic Church Values was rejected. Females

scored higher than males, 7.16 to 5.83, out of a possible score of 12.

Hypothesis IIIC

The null hypothesis of no difference by perception of religious influence upon student behavior in the integration of Catholic Church Values was rejected. Students that considered themselves to have perceptions of "some" to "strong" religious influence upon behavior scored higher in integration of Catholic Church Values (see Table 16, p. 84).

Hypothesis IVB

The null hypothesis of no difference by sex in the integration of Social Values was rejected. This time the males scored higher than females, 8.74 to 7.55, out of a possible score of 12.

Hypothesis IVC

The null hypothesis of no difference by perception of religious influence on student behavior in the integration of Social Values was rejected. In this case, students that considered themselves to have perceptions of "lesser religious influence upon their behavior" scored higher in Social Values than students with "greater religious influence" (see Table 17, p. 88).

Hypothesis V

The null hypothesis that students in comprehensive programs would show no difference in Biological Knowledge was rejected. Students in comprehensive programs scored higher, males 27.88 to females 26.05, out of a possible 50 points. These scores may appear relatively low, but compared to the weighted mean score of 26.99, the higher score is above average and the lower score, about average. Therefore, the null hypothesis was rejected.

Hypothesis VI

The null hypothesis that no significant relationship between the dependent variables would be present was rejected. As indicated in Table 19 (p. 92), a number of significant correlations were found. The most significant of the correlations was between Catholic Church Values and Social Values. These correlations which were in the negative implied that having a greater integration of Catholic Church Values would show a negative correlation with Social Values. Other correlational differences were observed but their significance was only slight (see Table 19, p. 92).

Conclusions and Recommendations

Non-Significant Findings

Since non-significant findings encompass a wealth of interesting material, they will be considered first. The

potential of these findings for curriculum development is woven into the discussion.

Comprehensive programs failed in three specific areas of the research; viz., Catholic Church Teachings, Catholic Church Values, and Social Values.

Catholic Church Teachings. Catholic Church Teachings has a higher mean, 8.93, out of a possible 12 points, and comprehensive programs were not a contributing factor (see Table 14, p. 75). The apparent awareness level could be attributed to the Catholic school environment where Catholic Church Teachings would be advocated and exposure to them would be consistent over time. There is also the possibility that the public school student would have some general knowledge of Catholic Church Teachings due to the status of the church and media coverage of church views or opinions.

One area of Catholic Church Teachings that received the lowest score was "homosexuality" (see Table 14, p. 75). Considering the social climate regarding homosexuality and the question of social justice for all people regardless of race, sex, or sexual disposition, more teaching is needed. Catholic school failure to address the issue of homosexuality is obvious by the scores, not only in Catholic Church Teachings but also in Social Values. Students reflected lack of awareness of Catholic Church Teachings on homosexuality as well as an integration of current Social

Values regarding homosexuality. From the researcher's perspective, a large number of Catholics, both adults and adolescents, is either non-informed or misinformed about Catholic Church Teachings on homosexuality. Students voiced concern and some tolerance for a friend of the opposite sex being a homosexual, but general rejection or distancing was expressed for a friend of the same sex being homosexual. Basic information about homosexuality was also lacking. It is this researcher's opinion that new comprehensive programs, given the increase of time and funding for curriculum development, could contribute to a more knowledgeable future generation and to a general awareness of the social justice issues that are involved. This is one significant area that needs attention in the Catholic school curriculum. Homosexuality needs to be discussed within the classroom and accurate information should be given. Why is this not done now? This could possibly be due to teachers' uneasiness in handling the subject, their lack of training and information, and their fear of being linked with homosexuals or suspected of being homosexual because of their showing respect or concern for homosexuals as persons. Society's homophobic attitude is another and a strong factor.

In the area of Catholic Church Teachings in comprehensive sexuality programs versus non-comprehensive programs, the general awareness or lack of awareness, as

shown in the example of homosexuality, accounted for the retaining of the null hypothesis. The researcher used homosexuality as an example because of the low awareness scores in both Catholic Church Teachings and Social Values (see Table 14, p. 75). These reflected the condition of a lack of awareness.

Among recommendations to consider would be that training programs for teachers be required and that reference lists of pertinent literature with a Catholic perspective be made available. Resource persons who can handle problems such as adolescents' homophobic reactions and negative responses, and who can make it possible for adolescents to verbalize their own fears, should also be available. These resources should be open to all young adults, meaning individuals from 18 to 30 years of age. Catholic schools and local parishes should all respond to the pressing needs of the younger generation.

Catholic Church Values. Integration of Catholic Church Values was another area in which comprehensive programs failed to show a significant difference. The mean of 6.92 for Catholic Church Values was the lowest of the three categories on the Values survey (see Table 14, p. 75). Students could have high awareness of Catholic Church Teachings but still not accept the teachings or integrate them into their own personal value system. There may be a developmental issue involved here. Adolescents, in

establishing their values, will reject, to some extent, the values set forth by different authority figures such as parents, teachers, and the Church (Erikson, 1965; Sorensen, 1973). This has been looked upon as a normal process in the development of the adolescent. Some of these results in the area of integration of Catholic Church Values need to be viewed from that standpoint.

As shown in Table 14 (p. 75) under Catholic Church Values, the topics that scored the lowest were virginity, homosexuality, and abortion. The normal increase of hormone activity, sexual fantasizing, experimentation, and desires could here be contributing factors. Adolescents who are not aware that these are normal responses in development tend to believe that these drives are uncontrollable and need to be satisfied. A majority of students expressed their opinion that virginity was an unrealistic goal, not impossible, just unrealistic. In Hass's book on Teenage Sexuality (1979), males had positive feelings about losing their virginity while females expressed negative feelings. Considering the report from the American Academy of Pediatrics article on, "Children, Adolescents and Television" (1990), the current social norm through television is supporting, if not encouraging, sexual activity. This study felt that children and adolescents were being influenced to become sexually active at any age. Therefore, virginity would be considered only for the very young, 12 years and under. This was what

a majority of the students in the survey expressed in their written responses. Virginity or postponing involvement in sexual activity until marriage was not considered to be a value.

Woodward's article for the Newsweek Special Issue, Winter/Spring, 1990, referred to this permissive society as not only tolerant but even supportive of teenage sex, and so contributing to uninhibited adolescent sex. Current literature on adolescent behavior reinforced this trend (Block, 1984; Kenney, 1987; Leo, 1986; Sherman, 1986; Wallis, 1985).

With such dominant pressures on the developing adolescent, the results of the Catholic Church Values appeared reasonable. Any comprehensive program would have to challenge the media if the values of students were to be reshaped. In this researcher's opinion, comprehensive programs on sexuality would need continual interaction of parents, the church, and the community to produce such an effect (Bernache-Baker, 1987; Block, 1984; Gasiorowski, 1988).

Curriculum planners should identify Christian values and make a critical analysis of the social values constantly thrust by the media and the advertising world. Ability in decision making and assertive skills should be salient curriculum objectives (Mast, 1988). Learning experiences should enhance self-esteem, self-awareness, and mutual respect in students. Increased self-esteem can nurture the

correct selection of values for making appropriate decisions about one's own body and that of another person.

Catholic Church Values on homosexuality also scored low. This probably reflected lack of knowledge as well as the homophobic attitude prevalent in society today. Curriculum developers need to address this issue in a more constructive and creative manner. Other recommendations have been suggested previously within the text.

Catholic Church Values on abortion also scored low. This again could be considered a reflection of society's norms of dealing with the problem of teenage pregnancy. Abortion appears to be fast becoming the number one birth control method of adolescents. Contraceptive use among teenagers, even when readily available, is not so commonly used as expected (Block, 1984; Sherman, 1976; Wallis, 1985). Students' lack of knowledge about the development of the fetus, and what is entailed in the process of abortion, appears to dictate their decisions. This study revealed that questions about contraceptives, pregnancy, and abortion were those most frequently missed in the Biological Knowledge segment of the survey. In essence, lack of knowledge of potential consequences is an important factor in adolescent decisions about premature sex and abortion.

Information, not shock treatment, is strongly suggested. Reverend Joseph Chaplin, in his talk given at the Religious Education Congress in Anaheim, California, in

January of 1990, spoke about the importance of educating both males and females, at the elementary school level, about reproduction and fetal development, plus fertilization awareness for females. Knowing how one's own body and that of the opposite sex function could possibly contribute to awareness and respect of the self and others in making decisions about sexual activity. Adolescents need to be asked why they desired to be sexually active, not just given a contraceptive and ignored. Bob Bartlett, presenting his talk on, "Intimacy, Not a One Night Stand," at the Religious Education Congress in Anaheim, California, in January of 1990, encouraged teachers, parents, and those who work with youth to ask this question. Bartlett saw youth as searching for a challenge to their choices.

Being ignored by adults is telling them that they do not exist. Sexual activity is a way for youth to prove to themselves that they do exist, at least to someone. As a sex educator for the past 12 years, I have observed adolescents looking for sufficient reasons to support not being sexually active at an early age. Other sex educators have also been observing the searching. This is not to convey the notion that this searching has led to a significant decline in sexual activity, but in some cases, it has delayed early sexual activity. At the very least, students had time to develop their own values and to gain some self-esteem in the discovery of their own identity.

Abstinence needs to be taught effectively by teachers who believe that this is a realistic choice and that youth will and do make that choice. Public Health Service for the United States Department of Health and Human Services presented their draft for public review and comment, "Preventing Health/Preventing Disease Year: 2000 Objectives," for the nation on September 5, 1989. Their recommendations for combating adolescent pregnancy emphasized family life and sex education, the professional awareness of human sexuality, the public awareness of HIV transmission, and the risk-reduction birth control method. First on the list was abstinence, followed by contraceptive use.

Positive attitudes about abstinence and virginity need to be encouraged and supported. Somehow society has conveyed the idea that both abstinence and virginity are unthinkable conditions that should be scorned, and that those who have embraced these values be looked upon as weird. A contradiction of this mind set should be a major objective in curriculum planning.

This researcher's recommendations would be that both males and females receive help in integrating Catholic Church Values. Genuine effort, with sufficient time and funding, must be expanded in developing curricula that will challenge society's values and at the same time support and foster Catholic Church Values. That adolescents are indeed

influenced by the media is a reality. The message being conveyed to youth is that if it is on television then it is acceptable. Since this is a fact known to educators, Catholic schools have the moral obligation to do whatever is necessary to defeat this indoctrination.

Comprehensive human sexuality programs, as understood in this study, appeared not to produce noteworthy adolescent student behavior changes, based on the research instruments. It is entirely possible, however, that the research may not have studied areas where changes might have occurred. Comprehensive programs of greater breadth and depth may very well produce the desired results. If values are "caught not taught," then students need role models, those who promote those values in concrete ways. Effort must be multifaceted and promoted by individuals willing to be countercultural.

Social Values. Current Social Values was the other area where comprehensive programs failed to make a significant difference. The mean was 7.76 out of a possible 12 points (see Table 14, p. 75). The specific area that was low in Social Values was homosexuality. Students were ambivalent about their responses. They were concerned about a friend's being homosexual and said they would not break off the relationship, but that there would be a difference. Homophobia was still common in the responses. The issue of homosexuality appeared to touch upon questions of identity for the students.

Homosexuality showed the lowest scores in all three areas of the Values Survey instrument. This points to the need for further education. It is to be recommended that curriculum developers address this issue, keeping in mind the maturation level of students. Even with the discomforting nature of the topic, information must be disseminated from the Catholic perspective. Teachers have to be trained to present and handle information in a manner sensitive to issues of social justice while, at the same time, making allowance for students to experience anxiety.

Virginity and abortion had the highest (see Table 14, p. 75) possible scores, thus reflecting the Social Values of society. This substantiated society's influence on the adolescent. If Catholic Church Teachings and Values were developed in a curriculum aimed at integrating, then the score on Social Values should have been lower, not higher (see Table 14, p. 75). To the researcher, this supported the findings that the media do influence values, especially Social Values. This does not say that all Social Values are unacceptable, but it does question what is being portrayed in the area of Sexual Values. Advertising functions on the assumption that sex sells, and commercials are what support television. Strong indication is that adolescents spend more time being exposed to advertising then to Catholic Church Teachings and Catholic Church Values. This supports the researcher's contention that

comprehensive programs need to be more than the definition used within this study; i.e., comprehensive programs should be ongoing throughout the 4 years of Catholic secondary school. The four main topics of premarital sex, homosexuality, virginity, and abortion need to be addressed every school year.

Significant Findings

The two areas in which the null hypothesis was rejected, and comprehensive sexuality programs showed higher scores, were Positive Sexual Attitudes and Biological Knowledge. While the scores were higher in comprehensive programs, they may not be high enough to consider expanding the non-comprehensive sexuality programs. The slight difference would scarcely justify the time and money to develop a comprehensive program.

Positive Sexual Attitudes. The Positive Sexual Attitudes were consistently in the high positive range (see Table 13, p. 72) for both comprehensive and non-comprehensive programs, 64.78 to 63.73, out of a possible score of 72 points. These results could be an indication of high self-esteem among students.

Self-esteem may be an area that should be considered with respect to Positive Sexual Attitudes. Studies on teenage pregnancy have shown a correlation with low self-esteem. As a sex educator, working in the field for 12 years, I have observed time and time again that when self-

esteem is high, the decision-making process is implemented, and personal values are identified and adopted. Meetings with other sex educators as well as child and family counselors throughout the country has verified this condition. Nevertheless, research data to support this occurrence have been found to be limited. Curriculum developers need to look seriously at the concept of self-esteem as an integral part of their school programs.

Clare La Meres, a well-known lecturer and presenter of workshops, has stated that students' self-esteem continually needs building. La Meres' work among youth revealed that by the first grade, 80% of the children have high self-esteem. By the fifth grade, only 20% have high self-esteem, and by the end of 12th grade, only 5% of the students maintain a high self-esteem. The implications of these levels of self-esteem in understanding and retraining in Catholic Church Teachings and Values are worthy of real consideration. Not being able to find worth and esteem in one's self will inhibit finding these qualities in another person.

Curriculum developers, as well as parents, educators, and other individuals working with youth within the Church, need to address the interrelationship of their self-esteem, their identity, their personal values, and their process of decision making.

The increased levels of self-esteem have further implications in the awareness of Catholic Church Teachings. Self-esteem can bring about an awareness of the respect due others and a better appreciation of the Catholic Church's focus in its Teachings about the dignity of life at all stages of its development. The integration of Catholic Church Values can foster a person's self-esteem.

Biological Knowledge. The other analysis that resulted in higher scores for comprehensive programs was for Biological Knowledge (see Table 18, p. 91).

In the Biological Knowledge survey, several questions were answered incorrectly. These encompassed male anatomy, masturbation, contraceptive methods, abortion, pregnancy, conception, sexually transmitted diseases, and AIDS. The lack of knowledge in these areas, according to current literature, is responsible for poor decision making about premature sexual activity without regard for the damaging consequences to the individuals involved. Curriculum developers need to consider programs incorporating information in these specific areas (Block, 1984; Gasiorowski, 1988; Kenney, 1987; Leo, 1986; Sherman, 1986; Wallis, 1985). The dearth of available information prevents understanding of Catholic Church Teachings and Catholic Church Values. If a person does not know how his/her body functions physically and emotionally and what to expect in its development, then respect for another's body both physi-

cally and emotionally would be minimal. If a person were not informed about what happens during conception, pregnancy, and in abortions, would not his/her decisions be faulty about all of the consequences involved? Or is it the attitude that if one does not know about all the specifics, then one does not have to deal with the issues (Woodward, 1990)? Would not recognizing Catholic Teachings or Values challenge one to think or even change? Curricula definitely need to address these specific issues.

The analysis of the additional variables of sex and the students' perception of religious influence upon behavior revealed some differences in all of the stated hypotheses.

Sex. Females consistently scored higher in Positive Sexual Attitudes, Catholic Church Teachings, Catholic Church Values, and Biological Knowledge. The only area in which males scored higher was Social Values. It appears that males, as a whole, are more likely to pick up what their peers and society say, whereas females are less likely to. Females seem to be more influenced by parents and religion. This could be because of the greater sexual maturation of females. This is consistent with findings in the literature (Sorensen, 1973). As to males, society today endorses that the rite of passage into manhood is the first genital sexual encounter. Maybe other rites of passage need to be created to replace this prevalent one. Curriculum developers need

to define new objectives on rites of passage. The fact that males are being conditioned to act and think this way is an injustice in our society today. This attitude that sexual activity makes one more male has its counterpart among females too. Programs need to target male perspectives and deal with male peer pressure and attitudes concerning sexual activity.

Religious Influence. Higher scores were attained in Catholic Church Teachings and Catholic Church Values when the perception of religious influence was ranked higher by the student (see Table 15, p. 81 & Table 16, p. 84). An inverse relationship was observed in regard to Social Values; i.e., the less the religious influence, the higher the Social Values (see Table 17, p. 88). The conclusion here would be that students who perceive themselves to be influenced by their religious beliefs were more aware of Catholic Church Teachings and had integrated Catholic Church Values. Educators should investigate the support systems, such as the family or a significant teacher, that encouraged and modeled religious beliefs.

Summary of the Findings: Recommendations

In concluding, the nine recommendations are summarized as follows:

1. Comprehensive programs of greater breath and depth should encompass more than three full semesters of classes and should be integrated into the related material

of other classes such as: biology, social studies, literature, health science, physical education, and religion.

2. Learning experiences for enhancing self-esteem, self-awareness, and mutual respect are important. Clarifying and identifying values are essential to these interrelated elements. Adolescents need assistance establishing their self-identity. In conjunction, there is a definite need for students to learn a decision-making process and assertiveness skills in order to provide them more options.

3. The development of specific curricula presenting ways to clarify and identify values is necessary for adolescents. Skills in critical thinking need to be taught in order that students can make the distinction between Christian and societal values, and the subsequent selection of their own personal values.

4. This researcher strongly recommends the teaching of skills for critical analysis of material presented by the media in order that students can identify and challenge messages being communicated.

5. Targeting of the male population is essential for questioning peer pressure and the idea that genital sexual activity is a rite of passage to manhood, or the attitude that sex is a recreational sport. Adolescents,

both males and females, need to be asked why they desire to be sexually active.

6. Virginity and abstinence are issues/subjects that should be taught as viable and valid choices. These two areas need to be approached openly and positively by the teacher.

7. The presentation of general information and the Catholic Church Teachings in the area of homosexuality are needed. Training programs for teachers should be required with reference lists of pertinent literature having a Catholic perspective available. Resource persons having experience with adolescents' homophobic reactions and negative responses need to be available for discussion within the classroom. The inclusion of parental involvement, local parishes, and community supportive agencies is also highly recommended.

8. Additional courses in fetal development, abortion, contraceptives, anatomy, sexually transmitted diseases and HIV transmission, and the potential consequences of premature sexual activity need to be addressed on continuing yearly schedules. Other topics such as sexual fantasizing, desires, and experimentation are also recommended for discussion. When dealing with the above topics, teachers should have preparatory courses in adolescent development, puberty, and anatomy, as well as an awareness of Catholic pastoral guidelines for priests counseling adolescents.

9. Finally, and most importantly, there is a primary need for parents, teachers, and those involved with youth to be role models for Catholic Church Teachings and Values.

Curriculum Development Recommendations

The first recommendation by this researcher would require that the awareness and enhancement of self-esteem be a major objective in curriculum development. Since students' self-esteem has already declined by fifth grade, the stage of prepuberty, according to La Meres, is the time to revitalize self-esteem and to continue to do so in each following year. Early education in how the body functions, before the hormones become active, is the time to impart knowledge of events to come. Parallel programs for parents need to be incorporated into comprehensive programs. Most parents should appreciate a refresher course on their anatomy.

The next objective would aim to enable students to identity Christian values which in turn they would adopt as personal values. Learning the skills of decision making would be another objective. Opportunities to practice these skills should be woven into the curriculum. The decision-making process would subsume critical thinking and questioning, for example, about what is being presented by the media in general and by advertising commercials in particular.

The content of the curriculum would include specific topics which surfaced in this study, such as premarital sex,

homosexuality, virginity, abortion, and specific biological knowledge, such as sexually transmitted diseases, sexual abuse, date rape, to mention but a few.

The curriculum is only one component of the development of the comprehensive program. The other is the teacher. Appropriate training and information are prime requirements for the educators who are to present these programs. Dioceses need to offer teacher incentives and in-service programs to promote quality and effective education. Educators teach not only with their intellects but also with their emotional and spiritual selves. Teachers of these programs need clear objectives in order to implement them, good rapport with the students, a listening heart and head, sensitivity to student and parent needs, the confidence of the students, the support of other faculty members, the support of the administration, knowledge and availability of resources, knowledge of current Catholic Church Teachings, experiential teaching skills, and the ability to communicate the need for parents to be involved. Teaching human sexuality programs is a demanding task for the educator who is not only imparting information but also conveying Catholic Church Teachings and Catholic Church Values by being a model for the students.

In the researcher's opinion, these kinds of human sexuality programs can only be effective only through integrated comprehensive programs designed to encompass 8 to 10 years of Catholic school education, from pre-puberty to

young adulthood. The question is, "Is not the future Catholic population worth the time, effort, and money to be educated to challenge the media and the advertising commercials on sexual values, or any values for that matter?"

Future Research Study Recommendations

Since this study disclosed a high student perception of religious influence on behavior, it is recommended that there be further investigation in this area. It is to be understood that the student's perception of religious influence on behavior is a function of the course of study in human sexuality and the quality of instruction in the course.

It would first be necessary to identify the schools attended by students who scored highly. Following this procedure, the identified schools must be located within their dioceses. Details of curriculum and instruction should then be obtained from the diocesan offices. These could include: (1) written curriculum, (2) instructional guidelines, (3) teacher training requirement. The particular schools attended by the students who scored highly should then be evaluated on the following: (1) curriculum plan used, (2) instructional guidelines used, (3) faculty who teach courses in human sexuality programs. Another study might replicate this investigation but with Catholic students attending public secondary schools rather than Catholic secondary schools. The purpose of this

research would be to learn how public school students' awareness of Catholic Church Teachings and their integration of Catholic Church Values and Social Values compares with their same awareness and integration by Catholic secondary school students. To implement the research procedure, parish facilities might be solicited.

To study the retention of Catholic Church Teachings and Catholic Church Values in the light of human sexuality, freshmen who attended Catholic secondary schools could be surveyed in various Catholic colleges.

This study could also be conducted among students in the 9th grade and then among the same group of students in the 12th grade.

Coed to non-coed schools are another possibility for future study. Although the results of the comparative analysis between comprehensive and non-comprehensive programs were unexpected, this researcher is convinced that quality education in human sexuality is the sole solution in confronting a real and a devastating problem in today's society. Lasting human values that have been tried should provide the framework for healthy and happy sexual relationships. Education must show the way.

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APPENDICES

APPENDIX A

CATHOLIC CHURCH TEACHINGS

Catholic Church Values

The Catholic Church's value position is that of respect for human life, the wholeness of the individual, in all forms and at all stages of development. The Catholic Church teaches and directs from the perspective of the total person's well being, e.g., mentally, physically, intellectually, emotionally, sexually, and spiritually. Therefore, actions and behaviors that would incur damage to the individual, consciously or unconsciously, in any of the aforementioned areas need to be considered and the total well being of the person protected. The Catholic Church thus sets forth directives, options, and laws as guidelines from a psychosocial sexual perspective.

Premarital Sex

The Church states "...that the use of sexual functions has its true meaning and moral rectitude only in true marriage." "...every genital act much be within the framework of marriage. However firm the intention of those who practice such premature sexual relations may be, the fact remains that these relations cannot ensure, in sincerity and fidelity, the interpersonal relationship between a man and a woman, nor especially can they protect this relationship from whims and caprices" (Declaration on Certain Questions Concerning Sexual Ethics, No. 9, 1975).

Premarital sex does not allow for nor have the security of a committed married relationship and misuses the act of sexual intercourse, a gift reserved for the committed married partners. The act of sexual intercourse is the giving of the total person, and the response to the act is the acceptance of the total person giving unconditionally. Outside of marriage, the receiving and giving is conditional and probationary. It is a limited and selfish act rather than a selfless act; therefore, one or both persons involved may be damaged. It is considered a wrong committed against the self and the other person involved and may incur a negative sense of responsibility in the event of conception. On the contrary, marriage is said to be the divine plan; therefore, sexual genital intercourse is morally good only in that state (Harvey, 1987).

APPENDIX A (continued)

Virginity

The Catholic Church's value of the total person and respect for the individual's sexuality encompasses virginity. Since the individual's virginity is closely related to celibacy, the Church views the value of virginity as a gift to be preserved in celibacy. The Church sees the abuse or misuse as damaging to the individual's self-esteem, self-worth, spirituality, physical and sexual growth in later chosen lifestyles. Virginity is encouraged for the single state of life.

Homosexuality

The Catholic Church expresses respect for the personhood of the homosexual but sees homosexual acts as immoral. The Church reminds us that we are made in the image and likeness of God and all its complexities. This cannot be reduced just to a sexual orientation (Harvey, 1987). One's fundamental identity is that of a creature and child of God. It encourages the entire Christian community to realize its duty to assist its brothers and sisters (homosexuals) and not isolate them (Harvey, 1987). Homosexual activity is seen as a rejection of sexual abstinence which is supported as a value for non-married persons in the Catholic Church.

Abortion

The Catholic Church stands for life. "From the time that the ovum is fertilized, a new life is begun which is neither that of the father nor of the mother; it is rather the life of a new human being with his own growth. It would never be made human if it were not human already. From the first instance, the program is fixed as to what this living being will be: a man, this individual-man with his characteristic aspects already well determined" (Declaration of Procured Abortion, Nos. 12-13, 1974). The Catholic Church's position is that human life must be absolutely respected and protected from the moment of conception, therefore, reaffirming the moral condemnation of any kind of procured abortion. The human being is to be respected and treated as a person with the rights of a person from the moment of conception (Congregation for the Doctrine of Faith, 1987, "Respect for Human Life in Its Origin and on the Dignity of Procreation").

APPENDIX A (continued)

Integration of Catholic Church values will be expressed in behaviors and attitudes acknowledged by the adolescents in responding to the situations presented in the values scenarios. The subjects' agreement or disagreement with the functioning or integration of Catholic Church values within their lives will be rated and scored.

Knowledge of Catholic Church Teachings

Catholic Church teachings will be acknowledged by the adolescents' awareness of the aforementioned Catholic Church values.

Social Values

Social values concerning premarital sex, abortion, homosexuality, and virginity will be consistent with what is being expressed as current social norms for society, i.e., attitudes, behaviors, and practices considered acceptable by a proportion of the population in today's society.

APPENDIX B

POSITIVE SEXUAL ATTITUDES AND KEY

High School Student Survey

Do not put your name on the survey. Do the best you can; try to answer quickly and give first impressions. If you do not understand a question, raise your hand and the person in charge will help you individually. No one else will see your responses. They will be kept confidential. You are free to choose not to do the survey. Answer the following statements by writing the letters of your choice in the blank space before the statement.

A = Agree with the statement
B = Disagree with the statement
U = Uncertain with the statement

When you have finished, please re-check to see if there are any statements you have missed. It will be helpful to others if you wait quietly until they are finished, too.

____ 1. Sex is necessary

____ 2. If you are in love and are not having sexual intercourse before marriage, there is something wrong with you.

____ 3. Masturbation is a good practice for releasing tension.

____ 4. Oral sex between a husband and wife can never be an expression of love.

____ 5. If you are engaged and not having sexual intercourse, there is something wrong with you.

____ 6. If you are going steady with a person, it is all right but not necessary to participate in heavy petting.

____ 7. Sex in marriage is for the purpose of expressing one's love for each other, husband and wife.

____ 8. It is improper to discuss sex.

____ 9. People who have sexual fantasies are sick.

APPENDIX B (continued)

____ 10. It is wrong for girls to masturbate.

____ 11. There are no acceptable ways of satisfying sexual desires other than sexual intercourse.

____ 12. Sexual genital relations are disgusting and disillusioning.

____ 13. Sex is fun and one of its functions is personal pleasure.

____ 14. Sex is an expression of love and fulfillment.

____ 15. It is my business what I do with my body sexually.

____ 16. I believe birth control practices are the responsibility of each individual, male or female.

____ 17. In my opinion, it isn't possible to maintain a long loving relationship without sexual activity.

____ 18. It would be sick to watch pornography (films) as part of my sexual arousal.

____ 19. Flirting with the opposite sex is a normal way of making non-sexual contact.

____ 20. French kissing is disgusting and nasty.

____ 21. I consider all sexual excitement to be wrong.

____ 22. I enjoy being a sexual person.

____ 23. My sexuality is an important part of my life.

____ 24. Living together is not a necessary preparation for marriage.

APPENDIX B (continued)

SCORING POSITIVE SEXUAL ATTITUDES (HIGH SCHOOL STUDENT SURVEY)

3 = Agree
2 = Undecided
1 = Disagree

Judgement of experts as to what constitutes a positive sexual attitude.

1.	A	13.	A
2.	D	14.	A
3.	A	15.	A
4.	D	16.	A
5.	D	17.	D
6.	A	18.	D
7.	A	19.	A
8.	D	20.	D
9.	D	21.	D
10.	D	22.	A
11.	D	23.	A
12.	D	24.	A

Range

72-60	Highly Positive
50's	Somewhat Positive
40's	Undecided
30's	Somewhat Negative
Below 30	Very Negative

APPENDIX C

BIOLOGICAL KNOWLEDGE AND KEY

1. The labia majora and minora: _____

   a. give rise to the ovaries in women and testes in men.
   b. are the vaginal lips.
   c. are the embryological beginnings of the epididymis.
   d. all of the above are true.

2. The female urethra: _____

   a. like the male urethra, is important to reproduction.
   b. serves as a duct for the Bartholin glands.
   c. forms the hood covering the clitoris.
   d. serves as a passage for urine.

3. The uterus: _____

   a. is a fibrous elastic structure that may house the developing infant for 9 months.
   b. expands and enlarges after menopause.
   c. is a tubular organ that accommodates the penis during sexual intercourse.
   d. is tipped toward the back in nearly all women.

4. The lower and narrow end of the uterus is called the neck or the: _____

   a. phallus.
   b. cervix.
   c. gonad.
   d. estrogen.

5. Menstruation: _____

   a. invariably causes cramps and headaches.
   b. makes nearly all women ache and feel irritable.
   c. makes older women feel bloated and tired.
   d. affects women differently.

APPENDIX C (continued)

6. The amount of vaginal lubrication _____ an indicator of a woman's readiness for coitus.

   a. in younger women is always
   b. is not usually
   c. is always
   d. in older women is always

7. The ovaries are the _____ of women.

   a. labia majora
   b. labia minora
   c. gonads
   d. fallopian tubes

8. A mature sperm consists essentially of a head: _____

   a. and a very short tail.
   b. that contains estrogen.
   c. that contains DES.
   d. that contains DNA.

9. The chromosome that results in the birth of a boy: _____

   a. is called Y.
   b. is called X.
   c. is found equally in the female egg and the male sperm.
   d. is found only in the female egg.

10. The pre-ejaculatory drops from _____ gland may contain significant number of sperm.

   a. Cowper's
   b. the pituitary
   c. the adrenal
   d. the prostate

11. Nocturnal ejaculation or orgasm: _____

   a. is the work of the devil.
   b. is found only in people who are otherwise sexual totally inactive.
   c. may be found in women as well as men.
   d. is usually the result of a full urinary bladder.

APPENDIX C (continued)

12. Testosterone: _____

    a. is a main contributor to sex drive.
    b. play as a vital part in the development of the erection/arousal centers in the spinal cord.
    c. tends to stimulate peaceful, cooperative, and affectionate attitudes.
    d. is found only in men.

13. The head of the penis is called the: _____

    a. acorn.
    b. glans.
    c. corona.
    d. frenulum.

14. The scrotum contains the: _____

    a. seminal vesicles.
    b. hypothalamus.
    c. ejaculatory ducts.
    d. testes.

15. In a typical ejaculation, there are about _____ sperm.

    a. 100
    b. a dozen
    c. several hundreds of millions of
    d. 1,000

16. Boys first have erections as early as: _____

    a. the first week of life.
    b. around age three or four.
    c. age six or seven.
    d. puberty.

17. Children as young as _____ may masturbate and experience climax.

    a. one month
    b. one or two years
    c. ten or eleven years
    d. fourteen years

APPENDIX C (continued)

18. Puberty: _____

    a. usually starts by age six.
    b. usually ends by age six.
    c. occurs earlier in boys than in girls.
    d. is the adolescent period when a child becomes sexually mature.

19. During the early pubertal years, girls seem to be _____ years developmentally ahead of boys.

    a. ten
    b. two
    c. eight
    d. boys are ahead of girls

20. Masturbation: _____

    a. ends after people marry.
    b. ends when there is an opportunity to have coitus regularly.
    c. can cause acne, fatigue, and general weakness.
    d. during adolescence often occurs one, two, three, or more times a week.

21. _____ are clearly signs of puberty in girls.

    a. Breast enlargement and pubic hair
    b. A heavy and prolonged menstrual period and cramps
    c. Enlargement of the uterus and cervix
    d. Enlargement and lengthening of the legs, head, and arms

22. Abstinence and non-coital sexual relations are: _____

    a. theoretically perfect means to prevent conception.
    b. in reality quite unreliable means of contraception.
    c. unpopular means of birth control.
    d. all the above.

23. Which of the following is NOT a fertility awareness contraceptive technique? _____

    a. calendar method
    b. basal body temperature method
    c. cervical mucus method
    d. vaginal transudation method

APPENDIX C (continued)

24. The diaphragm: _____

    a. can be placed in the vagina as much as 2 hours before intercourse.
    b. must be removed immediately after the man has ejaculated.
    c. should never be used together with a spermicidal cream.
    d. produces too many side effects to be used by most women.

25. Condoms: _____

    a. may be made of rubber, plastic, or animal intestine.
    b. are too easily broken during coitus to be a very reliable contraceptive.
    c. should not be removed until 10 minutes or so after ejaculation and considerably after the man's penis has become flaccid (un-erect).
    d. should be lubricated with petroleum jelly.

26. The IUD is: _____

    a. an effective and unusually safe contraceptive technique.
    b. now used by more than two-thirds of all women.
    c. a cause of cramping and bleeding in some women.
    d. should be lubricated with petroleum jelly.

27. Abortion: _____

    a. is an option more often chosen by women who are over 20 years of age.
    b. is opposed by nearly all the fathers involved in the relationship.
    c. leaves most of the women and men involved with a sense of general anxiety and very considerable guilt.
    d. best used after sterilization.

28. Abortion during the first month or two of pregnancy is most likely to be a (an): _____

    a. dilation and curettage.
    b. vacuum curettage.
    c. dilation and evacuation.
    d. amniotic injection.

APPENDIX C (continued)

29. Abortion performed by uterine suction is called: _____

a. vacuum curettage.
b. hysterotomy.
c. vacuum hysterotomy.
d. D & C.

30. "Morning after" abortions: _____

a. can be performed up to 1 month after coitus has taken place.
b. may e induced by diethylstilbestrol.
c. may be induced by prostaglandins.
d. should be regularized so they can become routine methods of birth control.

31. Concerning abortion: _____

a. It is disapproved by the great majority of all women.
b. There is now one abortion for every three live births in the United States.
c. The United States has the highest abortion rate in the world.
d. The procedure is now totally accepted int eh United States, and there is little or no social or legal opposition.

32. Which is a sign of pregnancy? _____

a. a missed menstrual period
b. morning hunger
c. breast shrinkage
d. an early menstrual period

33. Which trimester is described by the following: formation of the umbilical cord; steady embryonic heartbeat; lips, eyelids, and genitals can first be seen? _____

a. first trimester
b. second trimester
c. third trimester
d. final trimester

APPENDIX C (continued)

34. The afterbirth: _____

a. consists of the placenta and other fetal issue and membranes.
b. usually lasts several hours to a day.
c. is now discouraged by modern obstetrical practice.
d. all of the above are correct.

35. Of the _____ sperm that are ejaculated, eventually _____ surround(s) the ovum.

a. hundreds of millions of/only several hundred
b. dozens of/only 2 or 3
c. billions of/several million
d. one or 2/only one

36. As early as _____ the embryo's heartbeat is steady; arm, hands, feet, genitals, and facial features can be seen.

a. 8 weeks
b. 18 weeks
c. 6 months
d. 10 days

37. Most sexually transmitted diseases: _____

a. result in paralysis or death.
b. are curable.
c. are found only in poor and uneducated people.
d. are proper punishment for people who have misbehaved sexually.

38. Sexually transmitted disease, STD: _____

a. refers only to syphilis and gonorrhea.
b. is the current term for what was formerly called VD.
c. unlike VD, may be acquired by kissing, sharing towels, or using the same toilet facilities.
d. are illnesses resulting from homosexual but not heterosexual relations.

APPENDIX C (continued)

39. Gonorrhea: _____

a. may cause fe if any obvious symptoms in women for many months.
b. usually is symptom free in men for the first 3 months of the infection.
c. microorganisms are found only in the vagina and the male urethra.
d. manifests itself in men by a chancre on the head of the penis.

40. Common symptoms of gonorrhea in men include: _____

a. urinary burning and discharge of pus from the penis.
b. headaches, rash on the genital area, slight fever.
c. pelvic inflammatory pain.
d. all of the above.

41. Which of the following is NOT a possible complication of gonorrhea? _____

a. pelvic inflammatory disease
b. infection of the eyes
c. damage to the central nervous system
d. infection of the throat and rectum

42. Genital herpes is: _____

a. often portrayed by the media as unusually damaging or dangerous.
b. transmitted by a rare virus called HSV-10.
c. caused by a virus that also causes hepatitis and measles.
d. almost always caused by the VD virus.

43. An herpetic lesion on the penis or in the vaginal area is: _____

a. very likely to cause cancer.
b. little more than a cold sore.
c. almost always HSV-I
d. almost always HSV-II.

APPENDIX C (continued)

44. Herpes: _____

a. is a minor illness and rarely ever has serious consequences.
b. begins with a vaginal and penile discharge that is yellowish and smelly.
c. is not very contagious so that sexual intercourse can continue even when one is noticeably infected.
d. is highly contagious so that intercourse should not be resumed even if the lesion is completely healed.

45. A woman with a herpes history: _____

a. is bound to give birth to a defective or infected child.
b. should definitely not have a Pap smear.
c. is less likely to impair her pregnancy or damage her infant than one who smokes and/or drinks a good bit.
d. should definitely not have a cesarean delivery.

46. All cases of ARC (AIDS related complex): _____

a. result in death more rapidly than AIDS.
b. result in death only after 20 or 30 years.
c. eventually clear up, leaving the person uninfected.
d. seem to be caused by the HTLV-III virus.

47. It is possible, but unlikely, that AIDS can be transmitted by: _____

a. anal intercourse with an infected person.
b. intimate kissing with an infected person.
c. transfusion with infected blood.
d. sharing an intravenous needle with an infected person.

48. Most probably AIDS CANNOT be transmitted: _____

a. from an infected woman to a man through coitus.
b. by cunnilingus or fellatio.
c. by a nursing mother to her infant.
d. by mutual masturbation.

APPENDIX C (continued)

49. At the present time: _____

a. AIDS can be treated by a vaccine.
b. there is no effective treatment for AIDS.
c. ARC but not AIDS can be effectively treated by antibiotics.
d. estimates suggest AIDS will eventually infect about 10,000 people and then decline.

50. AIDS has: _____

a. caused the closing of some bath houses and swingers' party houses.
b. brought about an increase in other STDs.
c. caused a nationwide wave of hostility and resentment toward homosexual men.
d. just begun to infect the lesbian community but threatens to eventually involve many tens of thousands.

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APPENDIX C (continued)

BIOLOGICAL KNOWLEDGE KEY

1.	B	21.	A	41.	C
2.	D	22.	D	42.	A
3.	A	23.	D	43.	B
4.	B	24.	A	44.	A
5.	D	25.	A	45.	C
6.	B	26.	C	46.	D
7.	C	27.	A	47.	B
8.	D	28.	B	48.	D
9.	A	29.	A	49.	B
10.	A	30.	B	50.	a
11.	C	31.	B		
12.	A	32.	A		
13.	B	33.	A		
14.	D	34.	A		
15.	C	35.	A		
16.	A	36.	A		
17.	B	37.	B		
18.	D	38.	B		
19.	B	39.	A		
20.	D	40.	A		

APPENDIX D

TOPIC LIST FOR BIOLOGICAL KNOWLEDGE

Topic List

Male Anatomy

Female Anatomy

Male Reproductive System

Female Reproductive System

Puberty

- Male
- Female

Contraceptives

- Pill
- IUD
- Condom
- Diaphragm
- Rhythm

Pregnancy and Conception

- Where
- When
- Stages of pregnancy

Abortion

- Methods
- Legal Status
- Psychological responses

Sexually-Transmitted Diseases

- Gonorrhea
- Syphilis
- Herpes
- Simplex Type II
- AIDS

TIMES MIRROR
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Appendix E

TIMES MIRROR MOSBY LETTER

April 29, 1988

Maria Klein
6675 Linda Vista Road
Apt. 23
San Diego, CA 92111

Dear Ms. Klein,

As per our telephone conversation, TIMES MIRROR/MOSBY grants permission for you to use selected questions from Haas & Haas, HUMAN SEXUALITY, first edition testbank. These question will number, in total, no greater than fifty two.

This permission is granted with the stipulation that TIMES MIRROR/MOSBY be credited for the questions.

Good luck on your dissertation!

Best regards,

Ann Trump
Editor

AT/sr

APPENDIX F

PARENT PERMISSION LETTER

Dear Parent,

Your high school senior is being asked to take part in a doctoral dissertation survey that I am conducting as part of the doctoral requirement from the the University of San Diego. The survey will cover the areas of sexual attitudes, values, morals and biological knowledge. The results of the survey will be anonymously presented and your child's privacy will not be invaded.

The purpose of the survey is to assess the effectiveness of human sexuality programs in Catholic high schools.

Please sign the consent form for your child to participate.

Thank you for your cooperation.

Sincerely,

Maria T. Klein
Doctoral Student
University of San Diego

____ I consent to my child's participation in the survey.

____ I do not consent to my child's participation in the survey.

Signature:_____

APPENDIX G

PROFILE DEMOGRAPHICS

Instructions

Do not put your name on the questionnaire.

Follow the instruction carefully and please answer every question frankly.

If you do not understand a question, raise your hand and the person in charge will help you individually.

When you have finished, please re-check to see if there are any questions you may have missed. It will be helpful to others if you wait quietly until they are finished, too.

Begin here:

Sex: _____ Male _____ Female Age: _____ Date: _____

City: _____

School: _____ Grade: _____

Check the appropriate answers

I like school:

_____ not at all
_____ little
_____ average
_____ quite a bit
_____ very much

I consider myself:

_____ a A student
_____ a B student
_____ a C student
_____ a D student
_____ a F student

I live with:

_____ both parents
_____ father only
_____ mother only
_____ other relatives
_____ guardian
_____ father and stepmother
_____ mother and stepfather
other: _____

Father's education: Completed grade (circle one):

Elementary School						Secondary School						College			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

APPENDIX G (continued)

Graduate Work
17 18 19 20

Trade, business of specializing training school:
1 2 3 4

Do not know _____

Mother's education:

Completed grade (circle one):

Elementary School
1 2 3 4 5 6

Secondary School
7 8 9 10 11 12

College
13 14 15 16

Graduate Work
17 18 19 20

Trade, business of specializing training school:
1 2 3 4

Do not know _____

Religious affiliation

_____ have none
_____ Catholic
_____ Jewish
_____ Protestant
_____ Other

I attend religious services

_____ never
_____ very seldom
_____ occasionally
_____ frequently
_____ very regularly

My religious belief influences my behavior:

_____ not at all
_____ very little
_____ some
_____ usually
_____ strongly

Check the three most influential sources that contributed your sex information

_____ Parents _____ Mother _____ Father
_____ Adult brother or sister
_____ Adult friend
_____ School human sexuality program
_____ Instruction in church or church youth group
_____ Reading
_____ TV or entertainment movies
_____ Friends my own age
_____ Dating partner
_____ Brother or sister under 21 years old
_____ Experience or observation
_____ Other: Specify _____

APPENDIX G (continued)

Rate your satisfaction with the information you received from the list below. Select one of the appropriate letters:

A for excellent
B for good
C for average
D for poor
F for inaccurate or misleading

Provided factual information on sex:

_____ Home
_____ School
_____ Church
_____ Peers

How satisfied are you with the amount of information on sex which you now have?

_____ not at all
_____ little
_____ average
_____ pretty well
_____ completely

Have you had any class which specifically discussed human sexuality? (circle yes or no)

9th	yes	no	11th	yes	no
10th	yes	no	12th	yes	no

Race/National Origin

_____ White, not Hispanic
_____ Black, not HIspanic
_____ American Indian or Alaskan Native
_____ Pacific Islander
_____ Hispanic
_____ other: Specify _____

Asian, Indicate:

_____ Filipino
_____ Korean
_____ Vietnamese
_____ Chinese
_____ Japanese

Generations in United States

_____ 1st generation from foreign country
_____ 2nd generation (parents from foreign country)
_____ 3rd or more generations (grandparents from foreign country)

APPENDIX H

VALUES SURVEY AND SCORING KEY

Values Survey

1st initial _____ Birthdate _____

The aim of this part of the survey is to have you express your position upon certain issues that may or may not have occurred in your lifestyle. You will be asked to express your opinion, in writing, about certain issues presented in the following statements concerning attitudes and feelings about a variety of sexual matters of sexually related matters. You will be asked to share the reasoning behind your choices of values in each situation. Your answer will be handled in confidence and reported only in a summary, or in an anonymous form. In answering the following questions, there is not right or wrong answer. I am interested in your feelings in relationship to your values. Please use full sentences (paragraph) in answering the following situations. If you need more room, use the back side of the page.

1. If your best friend told you she was pregnant or he had gotten a girl pregnant, what advice would you give her or him?

   List the alternatives you would suggest.

   As a practicing Catholic what advice would you give? What would the Catholic Church expect you to say?

2. One of your friends in a church group has just informed you that they are a homosexual. What would your reaction be and why?

   How do you think your church group would respond and why?

APPENDIX H (continued)

What are the Catholic Church's teaching regarding homosexuality? Do you agree or disagree with them?

3. Your younger 12-year-old brother or sister wants to know why the "big deal" about virginity. What would you tell them?

What advice would you give a 12-year-old brother or sister?

What are your reasons for giving this advice?

What advice would the Catholic Church expect you to give?

4. Abortions are legal in the United States but your friend, a practicing Catholic, is pregnant and frightened. She is considering having an abortion. What advice would you give her and why?

If you were a Catholic priest, what advice would he give and why?

APPENDIX H (continued)

VALUES SURVEY SCORING

Awareness of Catholic Church teaching

3 = Fully aware of Catholic Church teaching
2 = Aware of some Catholic Church teaching
1 = Shows little or no awareness of Catholic Church teaching

Expresses/Integration of Catholic Church values

3 = Fully expresses integration of Catholic Church values
2 = Expresses some integration of Catholic Church values
1 = Shows no evidence of values taught by Catholic Church values

Expresses/Integration of social values

3 = Fully expresses integration of social values
2 = Expresses some integration of social values
1 = Shows little or no integration of social values

Score each scenario (# 1, 2, 3 & 4) in all three (3) areas
Awareness of Catholic Church teaching
Expresses/Integration of Catholic Church values
Expresses/Integration of social values

APPENDIX I

CONTACT AGENDA

Telephone Dialogue

Diocese Call

My name is Maria Klein, and I am a doctoral candidate from the University of San Diego working on my dissertation. The dissertation title is "Human Sexuality Programs in Catholic Secondary Schools in the 1980s." I have developed survey instruments that would assess 12th grade students positive sexual attitudes, awareness of Catholic Church teaching, integration of Catholic Church values, and integration of current social values as well as assessment of students' general biological knowledge.

I am calling to make an appointment in order to speak to you as head of the Secondary Education Department for your acknowledgement and possible support of this dissertation survey before approaching the principals of the secondary schools in your dioceses concerning participation in the data collection survey.

I will be sending you a package containing a sample of the materials that will be presented to the principals of the Catholic secondary schools. This will give you an opportunity to examine at your convenience the materials that will be used. At our future meeting I will be able to explain in greater detail the purpose and the benefits the survey data will provide for the Secondary Education Department in regard to present and future human sexuality programs.

Thank you for your time and attention.

APPENDIX I (continued)

Telephone Dialogue to Principals

Hello, my name is Maria Klein, and I am a doctorate candidate from the University of San Diego working on my dissertation entitled "Human Sexuality Programs in Catholic Secondary Schools in the 1980s."

I am calling to ask you if I may send you some materials for you to peruse at your convenience and to set up an appointment date to discuss the materials with you. The materials I will be sending you will give you some insights into the area of my research.

Could we set up an appointment date for the week of _____ after 2:00 p.m. You may reach me at my home phone number _____. You may leave a message.

Thank you for your time.

APPENDIX J

VEPSION I AND VERSION II INSTRUCTION LETTERS

Version I

Dear_____,

Thank you for being a participant in my dissertation survey. This instruction checklist and enclosed materials will assist you and your fellow teachers in administering the survey.

Check to make sure that each student has a:

1. Introduction page (Hi! I am...)
2. Profile sheets
3. Positive Sexual Attitudes (high school student) Survey (1-24 questions)
4. Values Survey (1-4 situations)
5. Biological Knowledge Introduction sheet
6. Biological Knowledge Survey (1-50 questions)
7. Scantron (optional)

Numbers 1-4 on the Checklist, Introduction, Profile sheets, Positive Sexual Attitudes and Values Survey should be stapled together and students instructed to code the first page with their first initial and birthdate, e.g., M 11/18/71.

Numbers 5 and 6 should be stapled together, Biological Knowledge Introduction, Biological Knowledge Survey, and students instructed to code the first initial and birthdate, e.g., M 11/18/71. If a scantron is used, please have the students code by their first initial and birthdate. It will not be necessary for them to code the Biological Knowledge Survey instrument if scantrons are used. There the Biological Knowledge Survey may be used for another class with new scantrons.

Each segment of the stapled survey needs to have student's code, first initial and birthdate, in a visible place on the first page of the survey.

Enclosed are reduced versions of parts of the survey to economize on the use of paper. Please feel free to print both sides of the reduced versions of the survey. Only the Values segment of the survey will need single sheets of paper.

The Profile, Positive Sexual Attitudes and Values survey should take approximately 45 to 50 minutes. Students may ask questions concerning the survey. Encourage them to answer as best as they

can to their understanding. Parents educational background appears to raise questions among the students. Assist them as much as possible. Students may ask questions for clarification during the survey time. The Race Origin section of the Profile may also raise questions among the students. Please assist them as best as possible and write a notation for me on the returned General Information as to what you or your fellow teachers had to do to clarify.

Encourage the students to READ the introduction and DIRECTIONS before beginning the survey.

The Biological Knowledge Survey should be given last and on the next day. Time needed will be approximately 45 to 50 minutes. Make sure each student codes the first sheet of their scantron. Inform the students that some of the questions are difficult and for them to use a process of elimination, based upon what they do know to answer the questions. Let them know that some adults could not answer some of the questions at first or second reading. Encourage them to take their time and do the best they can.

Please notify me (home 805-526-3810 or work 818-347-8300) when the survey is completed. I will make arrangements for the pick-up of the materials.

If there are any questions or you feel there is a need for a training session, please notify me for a date.

Thank you again for your time and consideration in this project. It is greatly appreciated.

God Love you,

Maria T. Klein

Enc. Reduced copies of Survey and copy of Values Survey.

GENERAL INFORMATION

Date(s) survey given:_____

Survey supervised by (list whether regular classroom teachers, T.A., parents, etc.)

Total seniors in school_____

Total seniors taking the survey_____

Approximate length of time to complete survey segments:

First segment_____

Second segment_____

Clarification comments given students:

Please return to me on completion of the survey.

Thank you,

Maria T. Klein
1688 Bodie Avenue
Simi Valley, CA 93065

Version II

Dear_____,

Thank you for being a participant in my dissertation survey. This instruction checklist and enclosed materials will assist you and your fellow teachers in administering the survey.

Check to make sure that each student has a:

1. Introduction page (Hi! I am...)
2. Profile sheets
3. Positive Sexual Attitudes (high school student) Survey (1-24 questions)
4. Values Survey (1-4 situations)

Numbers 1-4 on the Checklist, Introduction, Profile sheets, Positive Sexual Attitudes and Values Survey should be stapled together and students instructed to code the first page with their first initial and birthdate, e.g., M 11/18/71.

Each segment of the stapled survey needs to have student's code, first initial and birthdate, in a visible place on the first page of the survey.

Enclosed are reduced versions of parts of the survey to economize on the use of paper. Please feel free to print both sides of the reduced versions of the survey. Only the Values segment of the survey will need single sheets of paper.

The Profile, Positive Sexual Attitudes and Values survey should take approximately 45 to 50 minutes. Students may ask questions concerning the survey. Encourage them to answer as best as they can to their understanding. Parents educational background appears to raise questions among the students. Assist them as much as possible.

Students may ask questions for clarifications during the survey time. The Race/Origin section of the Profile may also raise questions among the students. Please assist them as best as possible and write a notation for me on the returned General Information as to what you or your fellow teachers had to do to clarify.

Encourage the students to READ the introduction and DIRECTIONS before beginning the survey.

Please notify me (home 805-526-3810 or work 818-347-8300) when the survey is completed. I will make arrangements for the pick-up of the materials.

If there are any questions or you feel there is a need for a training session, please notify me for a date.

Thank you again for your time and consideration in this project. It is greatly appreciated.

God Love you,

Maria T. Klein

Enc. Reduced copies of Survey and copy of Values Survey.

GENERAL INFORMATION

Date(s) survey given:_____

Survey supervised by (list whether regular classroom teachers, T.A., parents, etc.)

Total seniors in school_____

Total seniors taking the survey_____

Approximate length of time to complete survey segments:

First segment_____

Second segment_____

Clarification comments given students:

Please return to me on completion of the survey.

Thank you,

Maria T. Klein
1688 Bodie Avenue
Simi Valley, CA 93065

University of San Diego

Dear

I am writing you to ask your assistance in data collection for my Education Leadership Doctorate dissertation from the University of San Diego. My area of research is human sexuality programs in Catholic high schools. I am interested in this topic because for the last nine years, I have developed and copyrighted sexuality programs for Catholic elementary, junior high and senior high schools. I have also lectured and presented numerous workshops on sexuality in the Archdiocese of Los Angeles and the Diocese of San Diego. After working in the field of human sexuality these nine years, I feel the need to document the effects of different types of human sexuality programs among Catholic high school students.

The Archdiocese of Los Angeles and the Diocese of San Diego and the Diocese of San Jose has acknowledged that my dissertation survey would be appropriate for Catholic high school students to answer. I am interested in surveying senior, twelfth grade, boys and girls from your school. I will be looking at students who have had one or more programs in human sexuality.

The purpose of the study is to obtain information concerning the human sexuality program's influence in the areas of biological knowledge, sexual attitudes and sexual values of the students. Senior high school students will be asked to respond to the survey and give their opinions in regard to positive sexual attitudes, Catholic teaching and values. The survey does NOT ask about experience or behavior—only about specific information and the students' considered opinions in light of their participation in school human sexuality programs.

I am enclosing a copy of the survey that I am using as a basis for my dissertation, "Human Sexuality Programs in Catholic Secondary Schools in the 1980s." I believe the survey can be completed, in no more than two regular class periods. This survey instrument could also be used as an assessment tool by your Religion Department.

Your participation in the data collection survey will be greatly appreciated. Hopefully, the information will assist in improving Catholic sexuality programs. I will be calling you to confirm the possible survey dates.

Sincerely,

Maria T. Klein

Alcalá Park, San Diego, California 92110 619/260-4538

The Purpose of the Survey

This survey has been designated to discover what areas of human sexuality programs are effective in contributing to the general knowledge of human sexuality.

It does not ask about personal experiences.

Its purpose is to assess to what extent human sexuality programs have upon students' answers to questions concerning physical sex knowledge, sexual attitudes and sexual values.

How the Results Will Be Used

The author of the survey will use the results in writing a dissertation for the Education Leadership Doctorate Program at the University of San Diego, concerning human sexuality programs in secondary Catholic schools.

The information given will be kept completely confidential and presented anonymously. No one, except the author, will see the survey. Summary of the results will be available to schools participating in the data collection.

Your help is sincerely appreciate.

University of San Diego

School of Education

Dear Maria Klein

I am interested in having our school_____ participate in the data collection survey of your dissertation in the fall of 1988_____, in the spring of 1989_____. Please call our school in September for further information. The individual you will be contacting is_____. They will be assisting you with the arrangements for the twelfth grade class and also making arrangements with you for a training session for administering the survey.

We would be interested _____, not _____ in the overall results of the survey.

Alcalá Park, San Diego, California 92110 619/260-4538

High School Curriculum Survey

In order to get a clearer picture as to the extent of your human sexuality program, please answer the following questions.

In what classes are human sexuality information subjects being taught?

Do you have a syllabus? Please enclose.

What textbooks are you using?

In what grade levels are the human sexuality segments taught? Indicate length of segments (i.e., semester, year, module).

Name the general subject areas that are covered in your human sexuality program. Example, physical anatomy of male and female, sexually transmitted diseases, dating, etc.

Is there anything else about your program that is important for me to know?

Thank you for your assistance.

Sincerely,

Maria T. Klein

University of San Diego

School of Education

Dear Parent,

Your high school senior is being asked to take part in a doctoral dissertation survey that I am conducting as part of the doctoral requirement from the the University of San Diego. The survey will cover the areas of sexual attitudes, values, morals and biological knowledge. The results of the survey will be anonymously presented and your child's privacy will not be invaded.

The purpose of the survey is to assess the effectiveness of human sexuality programs in Catholic high schools.

Please sign the consent form for your child to participate.

Thank you for your cooperation.

Sincerely,

Maria T. Klein
Doctoral Student
University of San Diego

____ I consent to my child's participation in the survey.

____ I do not consent to my child's participation in the survey.

Signature:_____

Alcalá Park, San Diego, California 92110 619/260-4538

Hi!

I am Maria Klein and I am conducting a survey among Catholic high school seniors for my doctoral dissertation at the University of San Diego on biological knowledge, sexual attitudes, and values.

I have worked with high school students teaching in a Catholic junior and senior high school and presenting workshops on sexuality to Youth Ministry groups.

All the information you give me will be held in confidence. Teachers will not know what you, individually, have responded. The results of the survey will be anonymous.

Your cooperation in completing the survey would sincerely be appreciated.

Thank you.

Sincerely,

Maria T. Klein